Connecticut Department of Emergency Services and Public Protection
Division of Emergency Management and Homeland Security
Approval of Activation of Community Emergency Response Teams (CERT) Under Title 28

Activation for: ◯ Emergency / ◯ Training / ◯ Pre-planned Event (Circle one)

Requested By: _____(Be sure to include first and last name, title, and town requesting)

Date of Emergency/Training/Event :_____

Starting Time of Emergency/Training/Event: _____ Ending Time of Emergency/Training/Event: _____

Location of Emergency/ Training/Event: (street address, town, state, zip code)

_____

_____

Reason for the Emergency/Training/Event:

_____

_____

Specific details of the proposed activities to be taken:

_____

_____

_____:
Signature of EMD: Date

_____:
Signature of DESPP/DEMHS CERT Team Coordinator: Date

_____:
Signature of Regional Coordinator Date

_____:
Signature of DEMHS Deputy Commissioner/Director: Date

RECOMMEND: ◯YES ◯NO (Circle One) If training or event.
If no, please explain:_____

RECOMMEND:◯YES ◯NO (Circle One) Regional Coordinator may approve emergency activation if authority has been delegated.
If no, please explain:_____

☐ **Approve** ☐ **Disapprove**

Team members that are participating in activation/training include:

Name Last	Name First	Street Address	City	State	Phone number

SIGNATURES

_____: _____:
Local Emergency Management Director: Date DESPP/DEMHS Deputy Commissioner/ State EMD: Date

By signing the names of the Team members, the local EMD is certifying that these members have received appropriate training under the Local Citizens Corps organization, and have been sworn in under Conn. General. Statute 28-12 or are in training to be sworn in under that section. If the request is an imminent emergency, the local EMD will orally request the approval of the Regional Coordinator and then follow up with a written request as soon as possible but not more than 24 hours after the initial request is made. The local EMD will maintain a log of all requests submitted to DEMHS for review.

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Log-CERT:

Town Requesting Approval for CERT Activation/Training: _____

Town	Activation	Training	Date	Time Submitted	Requested by	Approved	Disapproved	Comments