# 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 / / : RECOMMEND: YES NO (Circle One) If training or event. Signature of DESPP/DEMHS CERT Team Coordinator: If no, please explain: Date RECOMMEND: YES NO (Circle One) Regional Coordinator may / / : approve emergency activation if authority has been delegated. Signature of Regional Coordinator If no, please explain: Date Signature of DEMHS Deputy Commissioner/Director: Approve Disapprove Date DESPP/DEMHS-CERT 1 (Rev. 5/2013) - Older Versions Should Not Be Used

## Connecticut Department of Emergency Services and Public Protection Division of Emergency Management and Homeland Security

Team members that are participating in activation/training include:

Date

Name Last	Name First	Street Address	City	State	Phone number

#### SIGNATURES

Local Emergency Management Director:

\_\_\_\_: \_\_\_\_/\_\_\_/\_\_\_ 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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## Connecticut Department of Emergency Services and Public Protection Division of Emergency Management and Homeland Security

### Log-CERT:

Town Requesting Approval for CERT Activation/Training:

Town	Activation	Training	Date	Time Submitted	Requested by	Approved	Disapproved	Comments

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