



Folsom CERT Make up Class Form

Participant Name: _____

Date: _____

CERT Unit(s): _____

Class Title: _____

Jurisdiction (Fire Agency): _____

Lead Instructor Name: _____

Please print

Instructor Sign-off for attendance: _____

Please fax a completed and signed copy of this form to Jim Serre at (916) 690-8120, to ensure your records are current.