

**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

