

Rancho Mirage CERT

Training Application

PLEASE COMPLETE TOP SECTION

Name of Individual Making Application: _____

Rancho Mirage Address: _____

E-mail address: _____

Telephone Number: _____

Other City/State Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I hereby certify that I am (please check one):

- a permanent resident of the City of Rancho Mirage
- a seasonal resident that spends no less than **FIVE** or more months out of the year residing in the City of Rancho Mirage
- an employee of the City of Rancho Mirage

Signature: _____ Date: _____

FOR OFFICE USE ONLY

PROOF OF ELIGIBILITY FOR RESIDENT:

Any valid identification (i.e. driver's license or state-issued ID card), **plus** one of the following:

- | |
|--|
| <input type="checkbox"/> Utility bill with address shown as Rancho Mirage. |
| <input type="checkbox"/> Property Tax Bill with address shown as Rancho Mirage. |
| <input type="checkbox"/> Rental agreement or lease (with a utility bill showing Rancho Mirage address) |

Date Application Received: _____ Receipt # _____

Received by: _____ Paid by: _____ Amt. 87.50

Approved to refund fee signature _____