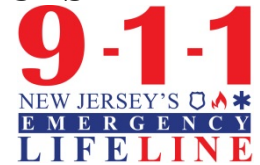


**STATE OF NEW JERSEY
OFFICE OF EMERGENCY TELECOMMUNICATION SERVICES
REQUEST NJ EMD RECIPRICAL CERTIFICATION
REGISTRATION FORM**



Date

NAME OF STUDENT	
RANK/TITLE OR POSITION	SSN LAST 4
SPONSORING AGENCY	
AGENCY ADDRESS	
COUNTY	AGENCY PHONE NUMBER
STUDENT HOME ADDRESS (OPTIONAL)	

**STUDENT COURSE PRE-REQUISITE DOCUMENTATION
(TO BE COMPLETED BY LEAD INSTRUCTOR OR PERSON REQUESTING CERTIFICATION)**

PRE-REQUISITE DOCUMENTATION MUST BE PROVIDED PRIOR TO A CERTIFICATION BEING ISSUED			
	YES	NO	
CURRENT CPR CERTIFICATION (COPY ATTACHED)			
BASIC TELECOMMUNICATOR TRAINING CERTIFICATION (COPY ATTACHED)			
STUDENT ANSWER FORM (SCANTRON) NJ EMD TEST			
CURRENT CERTIFICATION FROM APPROVED VENDOR (COPY ATTACHED)			

NOTE: If student recently completed Telecommunicator Training and is awaiting certification, indicate the course number of that basic course.

OETS USE ONLY

CERTIFICATION NUMBER	
DATE ISSUED	