

**DIVISION OF LOCAL GOVERNMENT SERVICES
NOTIFICATION FORM FOR REPEAT PARTICIPANTS
CERTIFIED PUBLIC WORKS MANAGER EXAMINATION**

If you are a repeat participant for the Certified Public Works Manager Examination, please complete the information below and return to:

Division of Local Government Services
P.O. Box 803
Trenton, New Jersey 08625-0803
Attn: Certification Unit

This form is to be accompanied by a check or money order in the amount of \$50 made payable to the "State Treasurer." The fee is not refundable. The form may also be telefaxed to the attention of the Certification Unit at (609) 633-6243 (if telefaxing, please mail the check or money order separately). If you have any questions in regard to completion of this form, please contact Phyl Delozier at (609) 633-6349. **THIS FORM MUST BE MAILED OR TELEFAXED 30 DAYS PRIOR TO THE DATE OF THE EXAMINATION FOR WHICH YOU ARE APPLYING.**

I previously participated in the Certified Public Works Manager Examination. My approved application is on file with the Division of Local Government Services. I wish to participate in the Examination to be offered on:

_____ (date of examination)

Name: _____ Work Phone: _____
(please print)

_____ (signature)

Date: _____

Home Address: _____

