**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, or emailed to Shannon.Hudak@dca.nj.gov (if telefaxing or emailing, please mail the check or money order separately). If you have any questions in regard to completion of this form, please contact Shannon Hudak at (609) 292-9757. **THIS FORM MUST BE MAILED, TELEFAXED, or EMAILED 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)

Email of Record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

Date:

**Personal Information**

IMPORTANT – Please note that the address you provide will be entered into the Division database as your ADDRESS OF RECORD. Such address may then be provided to any member of the public who so requests it. Therefore, if you do not wish your home address to be your address of record, please provide an alternative address. Your address of record must include a street address. **Please notify the Division of any future changes to your address of record.**

Address of Record:

Revised February 2017