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| **Certified Tax Collector – Addendum**  |
| RECORD OF BANKED CONTINUING EDUCATION CONTACT HOURS |
| **Part I – Please complete the following contact information:** |
| Name:  |            | CTC No.: |       | Exp. Date:       |
| Address of Record: |            |
| Home Phone:  |       | Work Phone: |            | E-Mail of record:  |            |
| **IMPORTANT** – As per Local Finance Notice (LFN) 2022-15, CTC certifications are permitted to carry over seven and one-half (7.5) contact hours from their previous renewal term that was extended as per LFN 2020-13. Any contact hours to be carried over cannot have been used to satisfy the requirements of the previous renewal term. **A copy of the previous renewal must be attached.** | Enforcement  | Legislation | Reporting / Billing & Collection | Ethics | General/Secondary Duties |  Information Technology |
| **Part II: List approved unused courses for continuing education contact hours to be carried over from the extended previous renewal term to the current renewal term. Fill in each row as appropriate. All requested information must be complete for the addendum to be considered.** |  |  |  |  |  |  |
| Course No. | Course Date | Course Name | Course Sponsor |  |  |  |  |  |  |
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|       |       |       | TOTAL HOURS (PAGE 1) |       |       |       |       |       |       |
| CONTINUE ON THE NEXT PAGE |
| **Part II Cont.: List approved unused courses for continuing education contact hours to be carried over from the extended previous renewal term to the current renewal term. Fill in each row as appropriate. All requested information must be complete for the addendum to be considered.**  |  Enforcement | Legislation | Reporting / Billing & Collection | Ethics | General/Secondary Duties | Information Technology |
| Course No. | Course Date | Course Name | Course Sponsor |  |  |  |  |  |  |
|       |       |       |       |       |       |       |       |       |       |
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|  |  |  | TOTAL HOURS  |       |       |       |       |       |       |
| **Part III – Certification of Attendance:** |
| I,  |  | , CTC # |            | certify that I have  |
|   | *PRINT NAME* |  |
| attended the educational programs noted above which are required for the renewal of my Certified Tax Collector certificate. I understand that these contact hours were not used or surplus on a previous renewal application. I understand that any willful misrepresentation on my part may be grounds for suspension or revocation of my certification. Further, I understand that the Division of Local Government Services (Division) may request proof of my attendance at the above seminars any time within six (6) months after the renewal date of my certification. |
| Signature: |   | Date: |   |  |
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| Upon completion of the continuing education requirements, please forward the application, addendum, and previous renewal application to: Department of Community Affairs, Attn: Certification Unit, Division of Local Government Services, P.O. Box 803, Trenton, New Jersey 08625-0803. Applications must be accompanied by a check or money order for $50.00 made payable to the State Treasurer. THE APPLICATION FEE IS NOT REFUNDABLE. If you have any questions concerning the completion of the application, please contact the Division at DLGS.Certification@dca.nj.gov. **APPLICATIONS SUBMITTED AFTER THE EXPIRATION DATE REQUIRE AN ADDITIONAL $50.00** Revised: August 2022  |