

Division of Local Government Services
NOTIFICATION FORM FOR REPEAT PARTICIPANTS
CERTIFIED PUBLIC WORKS MANAGER EXAM

If you are a repeat participant for the Certified Public Works Manager (CPWM) exam, please complete the information below and **e-mail this form to DLGS.Certification@dca.nj.gov**, followed by a **hard copy and the application fee to:**

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

The application fee is \$50 and can be paid with a check or money order made payable to the “State Treasurer.” The fee is not refundable. **THIS FORM MUST BE MAILED or E-MAILED THIRTY (30) DAYS PRIOR TO THE DATE OF THE EXAM FOR WHICH YOU ARE APPLYING.** The Division’s Application deadline policy is as follows:

Applications are considered timely if, on or before the application deadline, the application is either (1) postmarked by the United States Postal Service (USPS), (2) in the custody of a delivery service company that provides tracking, or (3) is e-mailed to DLGS.Certification@dca.nj.gov by 11:59pm on the application deadline. Applications e-mailed must be followed with a hard copy and the application fee. Applications with no USPS postmark or tracking received after the application deadline will be deemed late and held for the next exam. Dates printed by a postage machine are not accepted as proof of timeliness. The application deadline is set by statute, and there are no exemptions permitted. No deadline extensions will be provided if an application deadline falls on a holiday or weekend. ***Please note that USPS changed its process for stamping mail with a postmark effective 2026. To ensure timeliness, please email the application and/or go to your local post office to request a “manual postmark,” which will ensure that the postmark is from the day it was received by USPS.*** Acceptance letters will be sent to examinees approximately one (1) week after the application deadline. For questions, please contact DLGS.Certification@dca.nj.gov.

I previously participated in the CPWM exam. 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 Exam: _____

Please update your contact information. Please notify the Division if any information changes prior to the exam date.

Name (printed): _____

E-mail: _____

Address: _____

Work Phone: _____

I certify that the information above is accurate. I have read and understand the Division’s application deadline policy and acknowledge that the application fee is non-refundable.

Signature: _____ Date: _____