

**DIVISION OF LOCAL GOVERNMENT SERVICES  
NOTIFICATION FORM FOR REPEAT PARTICIPANTS  
REGISTERED MUNICIPAL CLERK EXAMINATION**

If you are a **repeat participant** for the Registered Municipal Clerk 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 e-mailed to [DLGS.Certification@dca.nj.gov](mailto:DLGS.Certification@dca.nj.gov). If sent via e-mail, please mail the check or money order separately with a copy of this form. If you have any questions regarding the completion of this form, please contact [DLGS.Certification@dca.nj.gov](mailto:DLGS.Certification@dca.nj.gov). **THIS FORM MUST BE MAILED or E-MAILED THIRTY (30) DAYS PRIOR TO THE DATE OF THE EXAMINATION FOR WHICH YOU ARE APPLYING.**

I previously participated in the Registered Municipal Clerk 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: \_\_\_\_\_  
(please print)

Work Phone: \_\_\_\_\_

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: December 2023