



New Jersey Department of Labor and Workforce Development  
Division of Public Safety and Occupational Safety and Health  
Occupational Safety Training Unit

**Private Company Request for Training  
Non-Workforce Development Grantee**

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Training Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Training services are available to non-Workforce Development grantees who are able to demonstrate that they are providing occupational/vocational training to their employees. Outline the occupational/vocational training you are providing below. Include a brief description of the training and any affiliations you may have with other agencies in providing the training.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that to the best of my knowledge, all of the above statements are true and accurate.

Requester's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*Return Completed Form to:*  
New Jersey Department of Labor and Workforce Development  
Division of Public Safety & Occupational Safety & Health  
Occupational Safety Training Unit  
P.O. Box 386  
Trenton, New Jersey 08625-0386

***NJDOL Use Only***

Received: \_\_\_\_\_ Eligible: Yes / No Trainer: \_\_\_\_\_

Tracking #: \_\_\_\_\_ Approved by: \_\_\_\_\_