

NEW JERSEY STATE POLICE OEM

CERT PROGRAM
BOX 7068, RIVER ROAD
WEST TRENTON, NJ 08628-006

FAX NUMBER: 609-530-3649

TRAINING APPLICATION

PLEASE TYPE OR PRINT:

First Name Middle Initial Last Name

Social Security Number M F Sex Job Title
(HOME INFORMATION)

() _____
Phone Number

Street/P.O. Box

City County Zip
(WORK INFORMATION)

() _____
Phone Number Employer/Agency you Represent

Street/P.O. Box

City County Zip

Do you have any disabilities which would require special consideration during your attendance at this course?
NO _____ Yes _____ Please describe and indicate any special considerations required on a separate sheet.

(COURSE INFORMATION)

Enter Course Requested Date

CERT T-T-T

APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY MAIL.

Does your community have an Approved Emergency Management Plan? Yes () No ()

Signature of Applicant Date

Signature of County or Municipality CERT Coordinator Date

IF YOU HAVE ANY QUESTIONS CONTACT THE SUPPORT SERVICES UNIT @ 609-963-6900 x6204