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**

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

Revised 1/09