



**DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE**

1001 Fire Academy Drive
Sayreville, NJ 08872

Special Operations Section
Hazardous Materials Response Unit



This letter serves to confirm that: _____
(NAME OF ATTENDEE) attended and completed the
following training titled: _____
(COURSE OR PROGRAM TITLE) (COURSE NUMBER)
on _____ at _____
(DATE (S) OF PRESENTATION) (COURSE LOCATION)

This document is intended to verify the attendance of the above named individual at the designated training program on the specific date(s) indicated above. Verification of attendance and successful completion of the course of instruction or program offered will be confirmed through the issuance of a certificate, at a later date, from the New Jersey State Police, HMRU.

(SIGNATURE OF INSTRUCTOR)

(PRINT NAME)

(INSTRUCTOR NUMBER)

(INSTRUCTOR CONTACT TELEPHONE NUMBER)

Date