



**NEW JERSEY STATE POLICE OEM
 CERT PROGRAM
 BOX 7068, RIVER ROAD
 WEST TRENTON, NJ 08628
 FAX NUMBER: 609-530-3649
TRAINING APPLICATION**



PLEASE TYPE OR PRINT:

First Name	Middle Initial	Last Name
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HOME INFORMATION

()	M	F	
CELL Phone Number		Sex	

Street/P.O. Box

City	County	Zip
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WORK INFORMATION

WORK Phone Number	Employer/Agency you Represent
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Street/P.O. Box	JOB TITLE
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City	County	Zip
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Do you have any disabilities which would require special consideration during your attendance at this course? NO _____ YES _____
 Please describe/indicate any special considerations required on a separate sheet.

Have you completed the 20 hour Basic CERT course? YES _____ NO _____

COURSE INFORMATION

CERT T-T-T	DATE
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APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY EMAIL.

Does your community have an active CERT Program at this time? YES _____ NO _____

Signature of Applicant	Date
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Signature of County or Municipality CERT Coordinator	PRINT NAME	Date
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IF YOU HAVE ANY QUESTIONS CONTACT THE
 SUPPORT SERVICES UNIT @609-963-6900 EXT. 6995 OR LPPBUTTH@GW.NJSP.ORG