



**STATE OF NEW JERSEY  
NEW JERSEY STATE POLICE  
OFFICE OF EMERGENCY MANAGEMENT  
P.O. BOX 7068 WEST TRENTON, NJ 08628 - 0068**



Complete application using Adobe Acrobat software version 7.0 or newer.  
**Only readable applications will be accepted.**

**Start by using TAB key on your Keyboard PLEASE TYPE OR PRINT**

\_\_\_\_\_  
First Name Middle Initial Last Name

M \_\_\_ F \_\_\_  
Sex Job Title

**(HOME INFORMATION)**

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number email  
Emergency # we can call in case class is cancelled at the last minute

Street / P.O Box \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(WORK INFORMATION)**

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number Employer  
Emergency # we can call in case class is cancelled at the last minute

Street / P.O Box \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have any disabilities which would require special consideration during your attendance at the course? No \_\_\_ Yes \_\_\_


Please describe and indicate and special consideration required on a separate sheet.

**COURSE INFORMATION**

\_\_\_\_\_  
Enter Course Requested Date of course

\_\_\_\_\_  
List any prerequisite course (if applicable)

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

Signature of applicant: \_\_\_\_\_  Date \_\_\_\_\_

Signature of \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signs application forwards to \_\_\_\_\_ for signature and approval. Completed Applications are forwarded to State OEM for processing. (as applicable)

**Submission via email but will accept Fax signed applications to Field Training Unit at 609-671-0160**

If the box to the left is checked You will need to obtain and or list your SID number  
Go to [www.fema.gov](http://www.fema.gov) or <https://cdp.dhs.gov/femasid/> to apply for SID number