NEW JERSEY EMISSION INSPECTOR TRAINING
All Classes will be held at NJGCA Headquarters:
4900 Route 33 West, Wall Township, NJ 07753

In order to be licensed as a Motor Vehicle Emission Inspector, you must complete this course and pass a "Written Exam" given by the State of New Jersey. NJGCA offers this training in a ONE DAY State aproved training program that will provide an understanding of inspection related issues including EPA Regulations, Safety, Diesel, Customer Service and the New Jersey State Specific Curriculum. **This specially tailored NJGCA course fulfills all requirements.**

CLASS DETAILS:

Class Date: Tuesday, April 25, 2017
Class Location: NJGCA Office -- 4900 Route 33 West, Wall Township, NJ 07753
Arrival: 7:00 am (Coffee and donuts provided)   **Lunch:** 12:00pm (Pizza and soda provided)
NJMVC Test: 1:00pm

CLASS FEES:

NJGCA Members: $250.00   **Non-members:** $300.00
Manuals are included and payment is due upon registration. All credit cards are accepted.

**License Fee: *Bring a $50.00 check made payable to NJMVC to satisfy the State's licensing fee.*

**PLEASE NOTE: If you have an out-of-state Driver's License, you must bring 6 points of ID with you, such as a license, passport, healthcare card, utility bill, etc.

Please complete the form below with all required information and fax it to 732-256-9666. You may also either scan the form or email the details below to Debbie Hill at debbie@njgca.org.

STUDENT INFORMATION:

Full Name: _____ Last 4 Digits of Social Security #: _____

Full Address. City, State, Zip: _____

Phone Numbers: Cell _____ Home _____

Date of Birth: _____ /_____/ _____   Are you a NJ Resident? YES or NO (circle one)

Email Address: _____

EMPLOYER INFORMATION:

Employer's Business Name: _____

Employer's Business Phone _____ Employer's Email: _____

Employer's Address, City, State, Zip: _____

MEMBERSHIP AND PAYMENT

Are you an NJGCA Member? YES or NO   How are you paying? CHECK / CASH / CREDIT CARD

CREDIT CARD INFORMATION:

Card Type: VISA / MASTER CARD / AMERICAN EXPRESS   Total Amount Charged:_____

Card Number: _____

Expiration Date: _____ Security Number (on back of card): _____

Name of Cardholder: _____

Cardholder Billing Address, City, State, Zip: _____