



# NEW JERSEY EMISSION INSPECTOR TRAINING

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 approved 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, February 24, 2015

**Class Location:** NJGCA Headquarters, located at **66 Morris Avenue - Springfield, NJ 07081**

**Arrival Time:** 7:00am

**Lunch Break:** 12:00pm (*Pizza and soda will be served*)

**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 live out of state, you must bring 6 points of ID with you, such as a license, passport, healthcare card, utility bill, etc.*

## REGISTRATION FORM:

Please complete the form below with all required information and fax it to 973-376-0766. Alternatively, you may also either scan the form or email the details below to Debbie Hill at [debbie@njgca.org](mailto:debbie@njgca.org)

### STUDENT INFORMATION

Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Numbers: Cell- \_\_\_\_\_

Work- \_\_\_\_\_

Date of Birth:        /        /

Email Address: \_\_\_\_\_

Are you a NJ Resident? YES or NO (*circle one*)

### EMPLOYER INFORMATION

Employer's Name: \_\_\_\_\_

Employer's Business Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Email Address: \_\_\_\_\_

### MEMBERSHIP AND PAYMENT

Are you an NJGCA Member? YES or NO (*circle one*)

How are you paying for the class? CHECK / CASH / CREDIT CARD (*circle one*)

### CREDIT CARD INFORMATION

Card Type: VISA / MASTER CARD / AMERICAN EXPRESS (*circle one*)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Number (*on back of card*): \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

Total Amount Charged: \_\_\_\_\_