



NJGCA Training Class Registration Form!



CLASS OPTIONS:

RE-CERT CLASS EMISSION REPAIR TECHNICIAN: The NJDEP approved **Re-Certification Class** for Emission Repair Technicians.

ETEP ****NEW**** Sections

Section 8 - Advanced Gasoline Technologies

Section 9 - Advanced Light Duty Diesel

Section 10 - Hybrid/Electric Technologies

CLASS COST (INCLUDING MANUALS):

• NJGCA Member rates: \$635.00

• NON-Member rates: \$765.00

FOUR OPTIONS FOR CLASSES! (day and night classes available in both North and South Jersey!)

OPTIONS A and B will be at **OLD**** NJGCA office at 66 Morris Avenue, Springfield, NJ 07081:**

OPTION A (NIGHTS): Two nights/week for four weeks (total of 8 nights). Tuesdays and Thursdays in September
6:00 to 10:00 PM on September 1, 3, 8, 10, 15, 17, 22, and 24

OPTION B (DAYS): Four full-day classes. Four consecutive Tuesdays in September.
10:00 AM to 6:00 PM on September 8, 15, 22 and 29

OPTIONS C and D will be at **NEW**** NJGCA office at 4900 Rt. 33 West, Neptune, NJ 07753**

OPTION C (NIGHTS): Two nights/week for four weeks (total of 8 nights). Tuesdays and Thursdays in Oct & Nov
6:00 to 10:00 PM on October 13, 15, 20, 22, 27, 29 and November 3 and 5

OPTION D (DAYS): Four full-day classes. Four consecutive Tuesdays in October and November.
9:00 AM to 5:00 PM on October 13, 20, 27 and November 3

TO REGISTER:

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.

What Class Are You Enrolling in? (circle one)

OPTION A: NIGHT Class in SPRINGFIELD

OPTION C: NIGHT Class in NEPTUNE

OPTION B: DAY Class in SPRINGFIELD

OPTION D: DAY Class in NEPTUNE

STUDENT INFORMATION

Full Name: _____

Last 4 Digits of Social Security #: _____

Full Address: _____

Cell: (____) _____ Work: (____) _____ Date of Birth: ____/____/____

Email Address: _____

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? CHECK / CASH / CREDIT CARD (circle one)

CREDIT CARD INFORMATION

Card Type: VISA / MASTER CARD / AMERICAN EXPRESS (circle one) Expiration Date: _____

Card Number: _____ Security Number (on back of card): _____

Name of Cardholder: _____

Cardholder Billing Address: _____

Total Amount Charged: _____