



# 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!)

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**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**

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**OPTIONS C and D will be at **\*\*NEW\*\*** NJGCA office at 4900 Rt. 33 West, Wall Twp., 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 and November 3, 10**

### TO REGISTER:

Please complete the form below with all required information and fax it to 732-256-9666. Alternatively, you may also either scan the form or email the details below to Debbie Hill at [debbie@njgca.org](mailto:debbie@njgca.org).

**What Class Are You Enrolling in? (circle one)**

**OPTION A: NIGHT Class in SPRINGFIELD**

**OPTION C: NIGHT Class in WALL TWP.**

**OPTION B: DAY Class in SPRINGFIELD**

**OPTION D: DAY Class in WALL TWP.**

### *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: \_\_\_\_\_