



NJGCA Training Class Registration Form!



1. ENTIRE Emission Repair Technician Certification -- 1 day / week for 11 weeks

Initial ETEP certification course. This is the ENTIRE program, sections 1-10. This is everything you need to become a licensed Emission Repair Technician. This is an ELEVEN DAY class (one day a week, for ELEVEN (11) weeks).

Classes will be held on eleven (11) consecutive Tuesdays from 9 AM to 5 PM

January 5, 12, 19, 26

February 2, 9, 16, 23

March 1, 8 and 15

FEES: NJGCA Member = \$1,995 Non-Member = \$2,195

2. RE-CERT CLASS for Emission Repair Technicians (Sections 8, 9 and 10)

This is the NJ DEP approved re-certification class for Emission Repair Technicians. It includes NEW ETEP Sections 8, 9 and 10 (Advanced Gasoline Technologies, Advanced Light Duty Diesel, and Hybrid/Electric Technologies).

TWO OPTIONS FOR CLASSES -- DAY AND NIGHT

Option 2A: FOUR (4) Full Days -- Four Consecutive Tuesdays -- Feb. 23 and March 1, 8, 15 from **9 AM to 5 PM**

Option 2B: EIGHT (8) Nights -- Tues & Thurs -- Jan. 12, 14, 19, 21, 26, 28 and Feb. 2 and 4 from **6 PM to 10 PM**

FEES: NJGCA Member = \$635 Non-Member = \$765

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. If you need additional help, please call the office at 732-256-9646.

What Class Are You Enrolling in? (circle one)

OPTION 1: ENTIRE ETEP CLASS - 11 FULL DAY CLASSES

OPTION 2A: ETEP RE-CERT - 4 FULL DAY CLASSES

OPTION 2B: ETEP RE-CERT - 8 NIGHT CLASSES

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: _____