



# NJ ETEP CERTIFICATION COURSE

## FOR EMISSION REPAIR TECHNICIANS

This is the ETEP Certification Course; the entire program, sections 1-10. This is everything you need to become a licensed Emission Repair Technician. Tests are given throughout the course and technicians that pass will receive a certificate stating that they successfully completed the New Jersey Emission Technician Education Program (ETEP). NJGCA has provided this program to the NJ Department of Transportation, UPS and NJGCA Members throughout New Jersey. Our pass rate in this class is 100%.

**Class Includes:** Entire ETEP Training (Sections 1-10) and NJ State Specific  
**Class Location:** NJGCA Headquarters, located at (- \$\$\$ Fh' ' K ŽK U` Hck bg\ jdžB> '\$++)'  
**Class Costs (Including Manuals):**  
**NJGCA Members:** \$1,- - ) .00  
**Non-Members:** \$&&- ) .00

**Class Schedule:** ELEVEN full days of training -- every Tuesday for ELEVEN consecutive weeks (9AM-5PM)

- July -- 12, 18, 26
- August -- 2, 9, 16, 23, 30
- September -- 6, 13, and 20

Please complete the form below with all required information and fax it back to NJGCA at 732-256-9666. If you have any questions, please call the office at 732-256-9646 and ask for Debbie. 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:** \_\_\_\_\_ **Last 4 Digits of Social Security #:** \_\_\_\_\_

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

For NJGCA Use Only: ERT Number from DEP \_\_\_\_\_