



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

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Class Schedule: TEN full days of training -- every Tuesday and Thursday for FIVE weeks (1:00 PM - 9:00PM)

- February -- 14, 16, 21, 23, 27
- March -- 2, 7, 9, 14, 16
- Snow dates are March 21 and 23

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

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 _____