



# NEW JERSEY EMISSION INSPECTOR TRAINING

**All Classes will be held at NJGCA Headquarters:  
4900 Route 33 West, Wall Township, NJ 07753**



In order to be licensed as a Motor Vehicle Emission Inspector, you must complete this course and pass a "Written Exam" given by the State of New Jersey. NJGCA offers this training in a ONE DAY State approved training program that will provide an understanding of inspection related issues including EPA Regulations, Safety, Diesel, Customer Service and the New Jersey State Specific Curriculum. **This specially tailored NJGCA course fulfills all requirements.**

## CLASS DETAILS:

**Class Date:** Tuesday, August 29, 2017

**Class Location:** NJGCA Office -- 4900 Route 33 West, Wall Township, NJ 07753

**Arrival:** 7:00 am (Coffee and donuts provided)      **Lunch:** 12:00pm (Pizza and soda provided)

**NJMVC Test:** 1:00pm

## CLASS FEES:

**NJGCA Members:** \$250.00

**Non-members:** \$300.00

*Manuals are included and payment is due upon registration. All credit cards are accepted.*

**\*\*License Fee:** Bring a \$50.00 check made payable to NJMVC to satisfy the State's licensing fee.

**\*\*PLEASE NOTE:** If you have an out-of-state Driver's License, you must bring 6 points of ID with you, such as a license, passport, healthcare card, utility bill, etc.

Please complete the form below with all required information and fax it to 732-256-9666. 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. City, State, Zip: \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Are you a NJ Resident? YES or NO (circle one)

Email Address: \_\_\_\_\_

## **EMPLOYER INFORMATION:**

Employer's Business Name: \_\_\_\_\_

Employer's Business Phone \_\_\_\_\_ Employer's Email: \_\_\_\_\_

Employer's Address, City, State, Zip: \_\_\_\_\_

## **MEMBERSHIP AND PAYMENT**

Are you an NJGCA Member? YES or NO

How are you paying? CHECK / CASH / CREDIT CARD

## **CREDIT CARD INFORMATION:**

Card Type: VISA / MASTER CARD / AMERICAN EXPRESS      Total Amount Charged: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Number (on back of card): \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Cardholder Billing Address, City, State, Zip: \_\_\_\_\_