



NJ ETEP Certification Course

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).

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 4900 Rt 33 W, Wall Township, NJ 07753
- Class Costs (Including Manuals):**
 - NJGCA Members: \$2,195.00**
 - Non-Members: \$2,495.00**
 - ** \$500 deposit due upon registration for class****

Class Schedule: TEN full days of training -- Every Tuesday & Thursday for five weeks (2:00 PM - 10:00PM)

- NOVEMBER -- 7, 9, 14, 16, 21, 28, 30
(*NO CLASS ON THANKSGIVING, Thursday, Nov. 23*)
- DECEMBER -- 5, 7, and 12

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: _____ (city) _____ (state) _____ (zip)

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 _____