



NJGCA ETEP Registration Form



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

1. ENTIRE Emission Repair Technician Certification -- 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.

Classes will be held from 1 PM to 9 PM

October 8, 10, 15, 24, 29, 31 [TBD] November 5, 7, 19, 26 December 3

FEES: NJGCA Member = \$2,195 Non-Member = \$2,395

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).

FOUR (4) Nights -- November 7, 19, 26, and December 3 from **1 PM to 9 PM**

FEES: NJGCA Member = \$729 Non-Member = \$879

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 CLASSES

OPTION 2: ETEP RE-CERT - 4 CLASSES

STUDENT INFORMATION

Full Name: _____ Last 4 Digits of Social Security #: _____

Full Address: _____

Cell: (____) _____ Work: (____) _____ Date of Birth: ____/____/____

Email Address: _____ ***ERT License # (6 digits)***: _____

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: _____