



# 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:** Thursday, February 28th, 2019

**\*\*\*REGISTRATION MUST BE IN BY FEBRUARY 22\*\*\***

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

**\*\*Entrance in Rear of Building, Class to be held on second floor\*\***

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

**NJMVC Test:** 1:00pm

## CLASS FEES & REGISTRATION INFORMATION:

**NJGCA Members:** \$275.00

**Non-members:** \$325.00

**1. Please submit a copy of your drivers license with your submitted registration.** 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.

**2. Bring a \$50.00 check made payable to NJMVC for the State's licensing fee**

Please complete the form below with all required information and fax it to 732-256-9666. You may also 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 \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth:      /      /      Email Address: \_\_\_\_\_

Are you a NJ Resident? YES or NO (circle one)

Drivers License # \_\_\_\_\_

## 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: \_\_\_\_\_