



# 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 both a written and hands-on 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 DATE: WEDNESDAY, APRIL 24TH, 2019**

**\*\*\*REGISTRATION & COPY OF LICENSE MUST BE IN BY April 18\*\*\***

**Class Location:** 7 AM - 2:30 PM: NJGCA Office -- 4900 Route 33 West, Wall Township, NJ 07753  
**Hands-on Training:** 2:45 PM: B&F Auto South (Exxon) --2776 Highway 34 North, Allenwood, NJ 08720

**Arrival:** 7:00 am (Coffee and donuts provided)      **Lunch:** 12:00pm (Pizza and soda provided)  
**NJMVC Written Test:** 1:00pm      **NJMVC Hands-On Training:** 2:45 PM

## **CLASS FEES & REGISTRATION INFORMATION:**

**NJGCA Members:** \$345.00      **Non-members:** \$399.00

- 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**
- 3. Please complete the form below with all required information, scan and email it to Debbie Hill at [debbie@njgca.org](mailto:debbie@njgca.org) OR fax it to 732-256-9666.**

## **STUDENT INFORMATION:**

Full Name: \_\_\_\_\_ Last 4 Digits of Social Security #: \_\_\_\_\_  
 Full Address. City, State, Zip: \_\_\_\_\_  
 Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Date of Birth:      /      /      Email Address: \_\_\_\_\_  
 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: \_\_\_\_\_