



# NEW JERSEY EMISSION INSPECTOR TRAINING

## REGISTRATION PAGE



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 TWO 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 DATES:

**WEDNESDAY, DECEMBER 18TH &  
THURSDAY, DECEMBER 19TH, 2019**

**REGISTRATION, SIGNED INFORMATION SHEET, AND COPY OF LICENSE MUST BE IN BY 12 PM DECEMBER 11TH**

**\*\*\*See Information Sheet for class details\*\*\***

**NJGCA Members: \$479.00**

**Non-members: \$529.00**

- 1. Read and sign Information Sheet and Registration Page**
- 2. Please submit a large and clear copy of your drivers license: 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 forms listed above with all required information. Scan and email all items 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: \_\_\_\_\_