



# NJ EMISSION VEHICLE REPAIR TECHNICIAN CERTIFICATION

This is the ETEP Certification Course; the entire program, sections 1-8. 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). NJGCA has provided this program to the NJ Department of Transportation, UPS and NJGCA Members throughout New Jersey. Our pass rate in this class is 100%.

**Class Description:** Entire ETEP Training (Sections 1-8) and NJ State Specific  
**Class Location:** NJGCA Headquarters, located at **66 Morris Avenue - Springfield, NJ 07081**  
**Class Dates:** 7 days of training (October 30, November 6, 13, 20, 27, December 4, 11, 18)  
**Cost:** \$150 (includes materials and testing fees)

**Class Schedule:** Eight full days of training -- every Wednesday for eight consecutive weeks, from 8:00 AM to 4:30 PM:  
• October 30  
• November 6, 13, 20, 27  
• December 4, 11, 18

\*\*\*\*\*

Please complete the form below with all required information and fax it to 973-376-0766. Alternatively, you may also either scan the form or email the details below to Debbie Hill at [debbie@njgca.org](mailto:debbie@njgca.org)

## STUDENT INFORMATION

**Full Name:** \_\_\_\_\_  
**Full Address:** \_\_\_\_\_  
**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:** \_\_\_\_\_