



NEW JERSEY EMISSION INSPECTOR TRAINING

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: Wednesday, February 12, 2014

Class Location: NJGCA Headquarters, located at **66 Morris Avenue - Springfield, NJ 07081**

Arrival Time: 7:00am

Lunch Break: 12:00pm (*Pizza and soda will be served*)

NJMVC Test: 1:00pm

Class Fees:

NJGCA Members: \$250.00

Non-members: \$300.00

Manuals are included and payment is due upon registration. All credit cards are accepted.

License Fee: Bring a \$50.00 check made payable to **NJMVC** to satisfy the State's licensing fee.

PLEASE NOTE: *If you live out of state, you must bring 6 points of ID with you, such as a license, passport, healthcare card, utility bill, etc.*

REGISTRATION FORM:

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

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: _____