



NEW JERSEY STATE POLICE OEM  
 CERT PROGRAM  
 BOX 7068, RIVER ROAD  
 WEST TRENTON, NJ 08628  
 FAX NUMBER: 609-530-3649



**TRAINING APPLICATION**

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First Name Middle Initial Last Name

**HOME INFORMATION**

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Phone Number/Cellphone Number Email

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Street/P.O. Box

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City County Zip

**WORK INFORMATION**

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Work Phone Number Employer/Agency you Represent

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Street/P.O. Box Job Title

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City County Zip

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How will you utilize this training to strengthen or create a CERT program in your community?

Do you have any disabilities which would require accommodation during your attendance at this course? YES \_\_\_ NO \_\_\_

Please describe/indicate any special considerations required on a separate sheet.

Have you completed the 20 hour Basic CERT course? YES \_\_\_ NO \_\_\_

**COURSE INFORMATION**

**APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY EMAIL.**

Does your community have an active CERT Program at this time? YES \_\_\_ NO \_\_\_

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Signature of Applicant Date

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Signature of County or Municipality CERT Coordinator Print Name Date

IF YOU HAVE ANY QUESTIONS CONTACT THE  
 SUPPORT SERVICES UNIT @609-963-6900 EXT. 6977 OR NJCERT@GW.NJSP.ORG