

NEW JERSEY STATE POLICE  
OFFICE OF EMERGENCY MANAGEMENT  
CENTRAL REGION  
2667 WOODBRIDGE AVE.  
EDISON, NJ 08817

TRAINING APPLICATION

PLEASE TYPE OR PRINT **CLEARLY** FOR CERTIFICATION:

\_\_\_\_\_  
First Name Middle Initial Last Name  
\_\_\_\_\_  
M F  
Sex Job Title

**(HOME INFORMATION)**

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number E-mail

\_\_\_\_\_  
Street / P.O. Box

\_\_\_\_\_  
City County Zip

**(WORK INFORMATION)**

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number Employer/Agency you Represent

\_\_\_\_\_  
Street / P.O. Box

\_\_\_\_\_  
City County Zip

Do you have any disabilities requiring special consideration during your attendance at this course?  
No \_\_\_\_ Yes \_\_\_\_

Does your Municipality have an Approved Emergency Management Plan? YES ( ) NO ( )

**(COURSE INFORMATION)**

Emergency Management Basic Workshop at Middlesex Fire Academy March 16, 2016 8:30 am - 4:30 pm  
\_\_\_\_\_  
COURSE NAME DATE

\_\_\_\_\_  
COURSE NAME DATE

APPLICATION **GUARANTEES** ACCEPTANCE. IF ISSUE, YOU **WILL** BE NOTIFIED BY PHONE.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of County OEM Coordinator Date

PLEASE FAX APPLICATIONS TO THE CENTRAL REGION: **732-906-0085** by February 26, 2016.  
LUNCH WILL NOT BE PROVIDED.