

**NEW JERSEY STATE POLICE
OFFICE OF EMERGENCY MANAGEMENT
BOX 7068, RIVER ROAD
WEST TRENTON, NJ 08628-0068**

TRAINING APPLICATION

PLEASE TYPE OR PRINT:

First Name	Middle Initial	Last Name
Social Security Number	M F Sex <u>(HOME INFORMATION)</u>	Job Title

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Phone Number

Street/P.O. Box

City	County <u>(WORK INFORMATION)</u>	Zip
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() Phone Number	Employer/Agency you Represent
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Street/P.O. Box

City	County	Zip
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**Do you have any disabilities which would require special consideration during your attendance at this course?
NO ___ Yes ___ Please describe and indicated any special considerations required on a separate sheet.**

(COURSE INFORMATION)

Enter Course Requested	Date
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Enter Course Requested	Date
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Prerequisite Course (if applicable)	Date
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APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY MAIL.

Does your community have an Approved Emergency Management Plan? Yes () No ()

Signature of Applicant	Date
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Signature of County Coordinator	Date
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Signature of Regional Coordinator	Date
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ALL APPLICATIONS MUST BE CO-SIGNED BY THE APPLICANT'S COUNTY COORDINATOR AND REGIONAL COORDINATOR. FOR INFO., CONTACT THE TRAINING UNIT @ 609-882-2000 x 6457.