

New Jersey Office of Emergency Management
NORTH REGION UNIT
20 Audrey Place
Fairfield, New Jersey 07004

Fax No. 973 439-0274

www.nj.gov/njoem

TRAINING APPLICATION

PLEASE TYPE OR PRINT:

First Name	Middle Initial	Last Name
M _____ F _____	_____	_____
Sex	Job Title	
	(HOME INFORMATION)	

(_____)	_____
Phone Number (Emergency # we can call in case class is canceled at the last minute)	Email Address

Street/P.O. Box		
_____	_____	_____
City	County	Zip
	(WORK INFORMATION)	

(_____)	_____
Phone Number	Employer/Agency you Represent

Street/P.O. Box	_____	
	Email Address	
_____	_____	
City	County	Zip

Do you have any disabilities which would require special consideration during your attendance at this course?
NO _____ YES _____ Please describe and indicate any special considerations required on a separate sheet attached to this application. All requests for accommodations must be made 20 days prior to the start of the course.

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

(COURSE INFORMATION)

Enter Course Requested	Date
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Enter Course Requested	Date
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APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY MAIL OR EMAIL.

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 SIGNED APPLICATIONS SHOULD BE FAX TO THE NORTH REGION UNIT AT 973-439-0274.