

Department of Community Affairs
Division of Codes and Standards
Bureau of Code Services
Licensing Unit
P.O. Box 816
Trenton, NJ 08625-0816

Form TL-4A
For Office Use ONLY
Date Rec'd:
Check #:
LOG #:

RECOGNIZED CERTIFIED MAINTENANCE TECHNICIAN APPLICATION

NAME:		DATE OF BIRTH:		
Last	First	MI	Month/Day/Year	
Home Address				
Stree	et			
City	County	State	Zip Code	
Phone		_ E-MAIL		
Business Address				
Phone		_ Fax		

Submit this page completed on both sides, accompanied by all attached, completed (as applicable) forms, and a check or money order made payable to the Treasurer, State Of New Jersey. Please refer to N.J.A.C.5/14A-2.18(a)5iv for the correct non-refundable fee.

To obtain this certification you must document at least 5 years of experience that is directly relevant to supervising maintenance of Amusement Rides prior to 4/6/2009.

All Experience must be listed on form A and documented by notarized letters from your employers.

In addition to this experience please provide proof of completion of at least 40 hours of training sponsored by an entity listed in N.J.A.C. 5:14A-2.18(a)5iii. If you have completed or intend to complete a course from an entity not listed in the above cited regulation please contact our office for a determination if that course is acceptable for registration purposes. List completed courses below in addition to providing copies of certificates of completion for relevant courses.

(OVER)

Number of Hours

Course Provider

Notary Seal:

Course Name/Location

ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.

TL-4A revised 11/10