

**NEW JERSEY STATE POLICE
OFFICE OF EMERGENCY MANAGEMENT
BOX 7068, RIVER ROAD
WEST TRENTON, NJ 08628-0068
Field Training Unit Phone 609-584-5000 ext 5220
FAX 609-584-1528
www.nj.gov/njoem**

TRAINING APPLICATION

PLEASE TYPE OR PRINT:

First Name	Middle Initial	Last Name
Social Security Number	M F Sex (HOME INFORMATION)	Job Title
() Phone Number	E-mail	
Street/P.O. Box		
City	County (WORK INFORMATION)	Zip

() Phone Number	Employer/Agency you Represent	
Street/P.O. Box		
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 on a separate sheet attached to this
application. All requests for accommodations must be made 20 days prior to the start of the course.**

(COURSE INFORMATION)

COURSE NAME	DATE
COURSE NAME	DATE

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

Signature of Applicant	Date
Signature of County OEM Coordinator	Date
Signature of NJOEM Regional Coordinator	Date