

**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 <b>(HOME INFORMATION)</b>	Job Title

(            ) Phone Number	E-mail	
Street/P.O. Box		
City	County <b>(WORK INFORMATION)</b>	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