TROOP "C" HEADQUARTERS
OEM/FIELD TRAINING UNIT
1 TROOPER DRIVE, BLDG 18, ROIC
W. TRENTON, NJ 08628 (609) 963-6818

Fax No. 609-671-0160 **www.ready.nj.gov**

TRAINING APPLICATION

PLEASE TYPE OR PRINT:

_____
First Name **Middle Initial** **Last Name**

_____ _____ _____
Sex **Job Title**

(HOME INFORMATION)

(_____)_____ _____
Phone Number **Email Address – Print Clearly**

_____
Street/P.O. Box

_____
City **County** **Zip**

(WORK INFORMATION)

(_____)_____ _____
Phone Number **Employer/Agency you Represent**

_____ _____
Street/P. O. Box **Email Address Print Clearly**

_____
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 separate sheet attached to this application.
All requests for accommodations must be made 20 days prior to the start of the course.

(COURSE INFORMATION)

Public Information in a WMD/Terrorist Incident__TEEX MGT 318__July 21-22, 2011 ROIC, W. Trenton

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

_____
Signature of Applicant **Date**

_____
Signature of County Coordinator **Date**

_____
Signature of Regional Coordinator **Date**

ALL APPLICATIONS MUST BE CO-SIGNED BY THE APPLICANT'S *COUNTY COORDINATOR* AND *REGIONAL COORDINATOR*. FOR INFORMATION CONTACT THE TRAINING UNIT @ (609) 963-6962