## Division of Criminal Justice Academy

## Fax ALL DCJ registration forms to:

FAX: (732) 974-7551

To assist in planning course enrollment and providing confirmation of enrollment, registrations should be submitted at least 30 days prior to course start date. Confirmation of your enrollment will be EMAILED to you; it is your responsibility to make sure you have provided an accurate email address.

Please check course prerequisites and fees prior to submitting registrations.

**GENERAL REGISTRATION FORM** 

EXCEPTION: FIREARMS courses will begin at 0800.

For tuition courses, please submit an agency check or completed payment voucher *after* you have received your confirmation letter.

All course tuition payments should be mailed to the DCJ office in Trenton ATTENTION: LISA STELLWAG! DO NOT SEND REGISTRATIONS TO LISA STELLWAG

## COURSE: RADAR Instructor Refresher Date(s):

APPLICANT INFORMATION (The information you provide w legibly using black ink )	vill be used to create your certificate, so please	make sure the informati	ion is correct and type or print
LAST NAME	FIRST	ADDRESS	PREFERRED E-Mail
TITLE/RANK	SOCIAL SECURITY NO. (Required)	COUNTY (Required)	AGENCY ORI NUMBER
EMPLOYING AGENCY		HOME TELEPHONE NUMBER	
AGENCY MAILING ADDRESS		AGENCY TELEPHONE NO. (Direct Number or Extension)	
CITY/STATE/ZIP (zip code is required)		AGENCY FAX NO.	
SIGNATURE OF APPLICANT		DATE	
SIGNATURE OF APPLICANT'S SUPERVISOR (Required)		TELEPHONE	
NAME AND TITLE OF SUPERVISOR (Please type or print legibly) (Required)		DATE	