

HUNTERDON COUNTY EMERGENCY SERVICES TRAINING CENTER

PO Box 2900, 201 Cherryville Road, Flemington, New Jersey 08822-2900

Phone – 908-806-5599 Fax – 908-782-0057



COURSE REGISTRATION FORM

Part 1: Course Information

A. Name of Course:	B. Course Number:	C. Date(s) of Course:

Part 2: Student Information (All boxes MUST be filled out – if you do not have an email, DFS or OEMS number, then enter “NONE” in the box)

A. Name: (Last, First, MI)	B. Address:	C. Phone:	
D. Drivers License # / State	E. Email Address:	F. NJ DFS #	G. NJ OEMS #

I certify that all information provided in the student information section is true, complete, and correct to the best of my knowledge and belief and are made in good faith. I am aware that any misrepresentation of information supplied by me will result in my disqualification for this course and may result in future disqualifications. Additionally, I understand that I may risk the penalty of law as provided in P.L. 1981, Chapter 290, approved September 24, 1981 which states:

N.J.S.A. 2C:28-3.A “A person commits a crime of the fourth degree if he/she makes a written false statement which he/she does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.”

N.J.S.A. 2C:28-3b.2 “In general, a person commits a disorderly person offense if he/she purposely creates a false impression in a written application for any pecuniary or other benefit, by omitting information necessary to prevent statements therein from being misleading.”

Signature of Student: _____ **Date:** _____

Part 3: This section to be filled out by organizations Chief officer:

A. Organization Name:	B. Address:	C. Phone:	D. Fax:	
E. Officer Name:	F. Rank	G. Signature	H. Date	I. Email Address:

The above officer certifies that the student from this organization enrolled in the above course does not have any conditions that would prevent them from actively participating in all portions of the course. When necessary the student will be provided by this organization with PPE and SCBA complying with PEOSHA standard N.J.A.C. 12:100-10. The above student using SCBA is being monitored in a PEOSHA compliant respiratory protection program. The above also certifies that the student listed above is covered by Workman’s Compensation and Liability Insurance, or are otherwise insured by this organization, as indicated, by a copy of a current certificate of insurance attached to this application or on file with HCESTC.

Part 4: To be completed by the HCESTC:

APPROVED & REGISTERED REJECTED – REASON: _____

INSTRUCTIONS FOR COMPLETION OF COURSE REGISTRATION FORM

Part 1 – Course Information

- A. Name of Course: Enter the name of the course you wish to take as written in the Course Catalog.
- B. Course Number: Enter the course number as written in the Course Catalog.
- C. Dates of Course: Enter the course dates as written in the Course Catalog.

Part 2 – Student Information

- A. Name: Enter your last name followed by your first name, followed by your middle initial.
- B. Address: Enter your mailing address: street, city, and zipcode.
- C. Phone: Enter a phone number where you can be reached.
- D. Drivers License # / State: Enter your drivers license number or motor vehicle issued ID number and State.
- E. Email Address: Enter your email address. If you do not have one, write “None” in the box.
- F. NJ DFS #: Enter your NJ Division of Fire Safety number. If you do not have one, write “None” in the box.
- G. NJ OEMS #: Enter your NJ Office of Emergency Medical Service number. If you do not have one, write “None” in the box.

Read the statement and cited laws then sign and date.

Part 3 – This section to be filled out by organizations Chief officer

- A. Organization Name: Enter the legal name of your organization.
- B. Address: Enter the mailing address for the organization: street, city, and zipcode.
- C. Phone: Enter the main phone number for the organization.
- D. Fax: Enter the fax number for the organization.
- E. Officer Name: Enter the name of the officer who is signing this application.
- F. Rank: Enter the rank of the officer who is signing this application.
- G. Signature: The officer signs here after reading the statement below the signature box.
- H. Date: Enter the date the officer signs the application.
- I. Email Address: Enter the email address for the officer. If you do not have one, write “None” in the box.

Part 4 – To be completed by the HCESTC