

Radar Instructor Refresher – Cost: *No charge*

The refresher course is required for radar instructors once every three years. A radar instructor/operator certificate is issued for three years. In the third year, **prior to expiration**, each instructor must attend the refresher course. The course is conducted from 9 a.m. to 1 p.m. **You will no longer receive notification that you are due for recertification. It is your responsibility to renew your certification prior to expiration.**

Who should attend: Law enforcement officers who teach radar operations..

Date(s):

01/12/18 Stamler Police Academy, Scotch Plains

11/30/18 Stamler Police Academy, Scotch Plains

02/23/18 Camden Co. College, Police Academy

03/23/18 Atlantic County Police Academy,

04/13/18 Ocean Co. Police Academy

10/12/18 Ocean Co. Police Academy

05/11/18 Essex Co. Police Academy

09/21/18 Essex Co. Police Academy

05/04/18 State Police Tech. Center, Hamilton

(Mail or fax ALL registration forms to:)
 Division of Criminal Justice Academy
 P.O. Box 283
 Sea Girt, New Jersey 08750
 phone (732) 282-6060
 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

ALL CLASSES WILL BEGIN AT 0845 UNLESS OTHERWISE NOTED IN YOUR CONFIRMATION LETTER!

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!**

COURSE: _____	Date(s): _____
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APPLICANT INFORMATION <i>(The information you provide will be used to create your certificate, so please make sure the information is correct and type or print legibly using black ink)</i>		
LAST NAME	FIRST	PREFERRED E-Mail ADDRESS
TITLE/RANK	SOCIAL SECURITY NO. (Required)	COUNTY AGENCY ORI NUMBER (Required)
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