

**New Jersey/New York Hazardous Materials Worker Training Center
Course Report Form
Please Print CLEARLY**

Course Number: _____ Course Start Date: _____

Course Location (City, State): _____

Number of Students: _____

Number of Forms Enclosed

Registration: _____ Evaluation: _____ Exams _____

Other: _____ Describe: _____

Please check the appropriate box.

NJSP-HMRU Course

Instructor Name _____
Instructor Number _____
Instructor Tel # _____ - _____ - _____ -

Check if Bulk Mail to Address Below

Check if you issued Class Cert's

Forms submitted by:

Name _____
Organization _____
Address _____
City, State, Zip _____
Phone Number _____
E-Mail _____

**FORMS MUST BE SUBMITTED TO NJSP HMRU WITHIN TWO WEEKS OF COURSE
COMPLETION**

Send forms to

**NJSP HMRU
Middlesex County Fire Academy
1001 Fire Academy Drive
Sayreville, NJ 08872
(732) 721-4040 Office (732) 721-4672 FAX
LPPCASHT@GW.NJSP.ORG**