



Craig J. Guy
County Executive

**COUNTY OF HUDSON
DEPARTMENT OF LAW
PUBLIC SAFETY TRAINING CENTER
635 COUNTY AVENUE
SECAUCUS N.J. 07094**



Mark G. Miller
Director

**IN-SERVICE REGISTRATION TRAINING FORM
(PRINT)**

REGISTRATION INFORMATION (The information you provide will be used to create your certificate, so please make sure the information is correct.)

COURSE NAME: _____

Date(s): From: _____ To: _____

LAST NAME	FIRST	MI	Shield #
DOB	PTC ID #		TITLE/RANK
EMAIL:	Cell #		AGENCY NAME:
AGENCY BILLING EMAIL:			AGENCY INFORMATION: <i>person approving your attendance</i>
AGENCY ADDRESS: (street, city, state, zip)			Name: _____
			Phone: _____
			Signature: _____
DATE: _____			Please check one... SELF-PAY YES NO <i>If you are a self-pay attendant, you will still need approval from your agency, and you MUST bring PAYMENT in the form of a CHECK ONLY on the first day of your course</i>
SIGNATURE OF REGISTRANT:			
X _____			

EMAIL COMPLETED FORM TO: HCPSTC@HCNJ.US

This form must include an email address for billing department for your agency, unless you are self-pay.