

# Cumberland County Department of Public Safety *Training Academy*



637 Bridgeton Ave, Bridgeton, NJ 08302 Office: 856-455-8526 ext. 783 Fax: 856-455-9515

Please fill in the class details, department information, student information, and have an authorized representative sign below.  
Send completed forms to Dawn Bowen by EMAIL at [dawnbo@co.cumberland.nj.us](mailto:dawnbo@co.cumberland.nj.us) or FAX to 856-455-9515.

## Course Registration Form

Course Name:	Course Date(s):	Course Time:
--------------	-----------------	--------------

### Agency / Department Info:

Name:	Phone #:	Fax #:
Address:	City:	State: Zip Code:
Email Address:	Website:	

### Student Info:

First Name:	Last Name:	Phone #	Email Address:

I hereby certify that all personnel from this department who are enrolled in the above course are covered by Workman's Compensation and Liability Insurance or otherwise adequately insured and are qualified to meet 29 CFR 1910.134(e) Medical Evaluation and 29 CFR 1910.134(f) Fit Test of PEOH Respiratory Protection Standard.

Authorized Representative: (ex. Chief, Supervisor, or Training Officer)	Title:	Phone #
Email Address:	Date:	

Please check the Public Safety Website for future training opportunities: [www.CCPublicSafety.org](http://www.CCPublicSafety.org)