

GSTA LIGHT DUTY CERTIFICATION TESTING

Description

This test is one hundred multiple choice questions and was designed to cover Customer Service, Safety, Incident Management, Truck & Equipment, Light Duty Towing & Recovery.

Pre-Requisites

- Has been employed as a tow truck operator for at least ninety (90) days within the past three (3) years.
- Holds a current valid driver's license.

Instructions

Return the completed registration form with payment and include the following:

- Copy of your driver's license
- Copy of current medical card
- Verification of employment (90) days within the past three (3) years.
- Mail to: -
Garden State Towing Association, Inc.
P.O. Box 768
Red Bank, NJ 07701

Results

- You will be notified of your results by mail and upon successful completion you will receive a certificate and ID card.

Additional Information

- Testing will be held the first Wednesday of every month at New Jersey Motor Truck in East Brunswick NJ.
- Additional testing sites will be announced as needed throughout the state.
- If your company has ten or more registrants, testing may be set up at your location
- You may register your testing date when you submit your application or you can register at a later date. You **MUST** be registered to test before arriving at a testing site.
- Application is good for one year. If you don't test within the year, you must submit a new application and payment.
- Certification expires every five (5) years

LIGHT DUTY TEST APPLICATION

Please print

Date: ___/___/20___

Applicant Information

Applicant's Name _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Home Address: _____

(STREET) _____

(CITY) (STATE) (ZIP)

Phone #: () _____ - _____ Email: _____

Company Information

Employer/Company Name: _____

Business address: _____

(STREET)

(CITY) (STATE) (ZIP)

Phone: (____) _____ FAX: (____) _____ Email: _____

Employment Status: Owner Employee Currently Unemployed

Light Duty Testing fees: Member: \$100./Non-members: \$200./Retest: \$25./No-show fee: \$25.

Check enclosed (Payable to GSTA) or

Credit Card information: Visa or Mastercard

Card#: _____

Name on card: _____ Expiration date: _____

Signature: _____

Please register me for the following scheduled testing date and location:
