

RECOVERY SPECIALIST CERTIFICATION TESTING

Description

This is a written multiple choice test.

Pre-Requisites

- Must have two years experience in heavy duty recovery
- Must be T.Luciano Heavy Duty, TRAA National Driver Certification Heavy Duty or Wreckmaster 6/7 certified
- Hold a current valid CDL.

Instructions

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

- Copy of your certificate from the required education seminar
- Verification of employment
- Copy of your driver's license
- Two passport photos
- 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 and you must recertify within three months of expiration

RECOVERY SUPERVISOR 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

Heavy Duty Testing fees: Member: \$200./Non-members: \$400../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:
