Certified Tax Collector									
RECORD OF CONTINUING EDUCATION / CERTIFICATION RENEWAL									
Please complete the	following certif	ficate information:							
Name (please print)			CTC No		E	xp. Dat	e		
Home Address:	<u> </u>								
Home Phone:		Work phone:	E-Mail:						
As you complete an approved seminar for continuing education contact hours, fill in each column as appropriate. List the number of approved hours in the appropriate subject column. See Local Finance Notice CERT-95-1.				ment	ion	Reporting/Billing and Collection	General/Secondary Duties		ion gy ()
Course No.	Date	Name of Seminar	Sponsor	Enforcement	Legislation	Reportir and Coll	General/ Duties	Ethics	Information Technology (optional)
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As you complete an approved seminar for continuing education contact hours, fill in each column as appropriate. List the number of approved hours in the appropriate subject column. See Local Finance Notice CERT-95-1.			ement	tion	Reporting/Billing and Collection	General/Secondary Duties		ation logy al)	
Course No.	Date	Name of Seminar	Sponsor	Enforcement	Legislation	Reporti and Co	Genera Duties	Ethics	Information Technology (optional)
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	Tota	al Credit Hours							

Renewal requires completion of 15 contact hours of continuing education credit. Applicants for renewal must obtain a minimum of two (2) contact hours in each of the subject areas, except "Ethics" and "Enforcement", in which applicants must obtain a minimum of three (3) contact hours, and in Information Technology, which is an optional category.

Certification of Attendance:		
Ι	, <i>CTC</i> #	certify that I have attended the educa-
tional programs noted above which are required	for the renewal of my certified tax collector certifica	te. I understand that any willful misrepresenta-
tion on my part may be grounds for suspension or	revocation of my certification. Further, I understa	nd that the Division of Local Government Services
may request proof of my attendance at the above sem	ninars anytime within six (6) months after the renewal	date of my certification.
	COMMUNIC	
Signature:	Date:	

Upon completion of the continuing education requirements, please forward the application to: Certification Unit, Division of Local Government Services, P.O. Box 803, Trenton, New Jersey 08625-0803. Applications must be accompanied by a check or money order for \$50 made payable to the State Treasurer. THE APPLICA-TION FEE IS NOT REFUNDABLE. Please contact the Division of Local Government Services at (609) 292-4656 if you have any questions concerning completion of the application.

APPLICATIONS SUBMITTED AFTER THE EXPIRATION DATE REQUIRE AN ADDITIONAL \$50 FEE