

# REQUEST FOR CERTIFICATION

New Jersey Civil Service Commission  
Division of Agency Services – Local Certification Unit  
P.O. Box 314, Trenton, NJ 08625-0314  
Phone 609-292-4100  
FAX 609-292-7112

**INSTRUCTIONS:** Complete the appointing authority portion of this form whenever a certification is needed from an open competitive, promotional, or reemployment list. Once completed, please mail or fax this form to the address or fax number listed above. Completed forms may also be scanned & emailed to: LocalCertifications.Support@csc.nj.gov.

## APPOINTING AUTHORITY (AA) USE ONLY

<b>Title:</b>		<b>Title Code:</b>
<b>Jurisdiction:</b>		<b>Juris Code:</b>
<b>Department:</b>		
<input type="checkbox"/> Open <input type="checkbox"/> Promotional <input type="checkbox"/> Special	<b>Symbol:</b>	<input type="checkbox"/> Full <input type="checkbox"/> Part Time <input type="checkbox"/> Both
<b>No. of Provisionals:</b>	<b>No. of Vacancies:</b>	<b>No. Names Requested:</b>
<input type="checkbox"/> Please check here if the vacancies have been designated as bona fide occupational qualification (BFOQ) positions. Note: BFOQ designations require approval from the Director of NJ CSC Division of EEO/AA which must be attached to this request.		
<b>Comments:</b>		
<b>Print AA Name:</b>		
<b>AA Signature:</b>	<b>Date:</b>	
<b>In case of questions/issues, please contact (please print):</b>		
<b>Name:</b>	<b>Telephone:</b>	
<b>Email:</b>		

## CIVIL SERVICE COMMISSION USE ONLY

<b>Personnel Request No.:</b>	<b>Certification No.:</b>	<b>Certification Date:</b>
<input type="checkbox"/> Special Instructions Required on Certification:		
<b>Comments:</b>		
<b>Action Completed by:</b>	<b>Date:</b>	