

CAPE MAY COUNTY  
DEPARTMENT OF PUBLIC SAFETY  
TRAINING CENTER

**Anthony P. Saduk, Jr.**  
DIRECTOR



**Leonard C. Desiderio**  
FREEHOLDER

**COURSE REGISTRATION FORM**

Course Title: \_\_\_\_\_

Course Date: \_\_\_\_\_

Return Completed forms to  
Cape May County Public Safety Training Center  
FAX 609-463-0749  
[smorgan@co.cape-may.nj.us](mailto:smorgan@co.cape-may.nj.us)

Please enroll:

\_\_\_\_\_  
Rank/Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Rank/Name

\_\_\_\_\_  
Social Security Number

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Social Security Number

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Rank/Name

\_\_\_\_\_  
Social Security Number

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Department/Civilian and Address Information

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Phone #

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Fax #

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E-mail

\_\_\_\_\_  
Chief / Department Head Signature

\_\_\_\_\_  
Print Name / Position