

New Jersey Association
of
Accident Reconstructionists



Membership Application

Last, First, Middle Name	Title	Birthdate	
_____	_____	_____	
Street Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Business Phone		
_____	_____		
Agency/Company Name	Department/Division		
_____	_____		
Business Address	City	State	Zip
_____	_____	_____	_____
Email address			

Please list your affiliation with any professional organizations, governmental agencies or associations, including those with which you hold a license or a permit to conduct business

1. _____	4. _____
2. _____	5. _____
3. _____	ACTAR # _____

College/University	City	State	Degree/Diploma
_____	_____	_____	_____
College/University	City	State	Degree/Diploma
_____	_____	_____	_____

Have you ever qualified in court as an expert in Accident Reconstruction or any other subject? If yes, describe briefly including dates.

Please list your accident investigation or reconstruction training. (Attach photocopies of all appropriate certificates of training.)

If you did not receive formal training, how did you gain your knowledge?

If your expertise is in a related field other than accident investigation or reconstruction, please describe.

Applicant's Signature

Date

Please send:

- completed application
- photocopies of all related certificates
- \$15.00 non-refundable application fee payable to "NJAAR"

Mail to:

NJAAR
PO Box 390
Franklin Lakes, NJ 07417