

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

Mail to:

NJAAR
PO Box 390
Franklin Lakes, NJ 07417