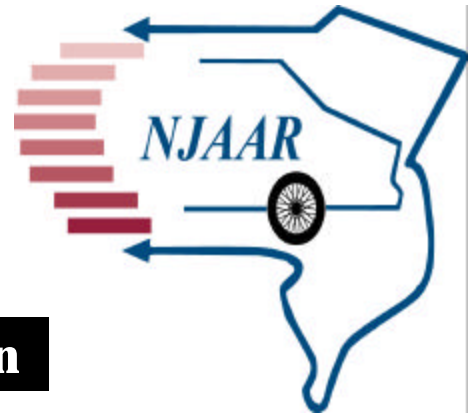


New Jersey Association of Accident Reconstructionists



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 photo copies 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.

Application's Signature

Date

Please send:
completed application
photocopies of all related certificates
\$15.00 non-refundable application fee

Mail to:
NJAAR
P.O. Box 8138
Bridgewater, NJ 08807

Checks payable to "NJAAR"