MASSACHUSETTS STATE 911 DEPARTMENT

ADMIN TRAINING - Application for Enrollment

Please email completed applications to: 911training@massmail.state.ma.us

IN-PERSON TRAINING AT PSAP

Course Information (*Please fill in requested dates of training*)

Course Title	Location (onsite at PSAP)	Date of Training
Admin Training		

Chief/Director/PSAP Supervisor Information Today's Date: _____

Class requested by: _____
(full name - include title)

Agency / Department: _____

Agency / Department Address: _____

Direct Tel. Number: _____ Cell Phone Number: _____
(include area code) (optional)

EMAIL Address:_____

(ALL CONFIRMATIONS WILL BE EMAILED TO THE EMAIL ADDRESS ABOVE)

STUDENT Information

	Student Name	Last Four Digits of SS#	Email Address
1.			
2.			

Does the student(s) have State 911 VPN access? ☐ **Yes** ☐ **No**

Does the student(s) also need DLR Admin access? ☐ **Yes** ☐ **No**
(If your PSAP uses the State 911 DLR then check yes)

CHIEF/DIRECTOR/PSAP SUPERVISOR SIGNATURE: _____