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
Admin Training		

Chief/Director/PSAP Supervisor Information

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 your PSAP have an admin station?	**Yes**	**No**
If Yes, will the training be done on the admin station?	**Yes**	**No**
If No, 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: _____