## MASSACHUSETTS STATE 911 DEPARTMENT ADMIN TRAINING - Application for Enrollment

Please email completed applications to: <u>911training@massmail.state.ma.us</u>

## **IN-PERSON TRAINING AT PSAP**

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

Course Title	Location	(onsite at PSAF	Date of Training
Admin Training			
Chief/Director/PSAP Supervisor	· Information	Date:	
<del>-</del>			
Class requested by:(fi	ull name - include title)		<del>-</del>
Agency / Department:			
Agency / Department Address:			
irect Tel. Number: Cell Phone N			
(include area code	)		(optional)
EMAIL Address:			
(ALL CONFIRMA)	TIONS WILL BE EMAILED	TO THE EMA	IL 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? (If your PSAP uses the State 911 DLR then check yes)		Yes	No
	<del></del>		
CHIEF/DIRECTOR/PSAP SUPERVIS	OR SIGNATURE: _		