**MASSACHUSETTS STATE 911 DEPARTMENT**

**APCO Law Enforcement Communications - Application for Enrollment**

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

***IN-PERSON CLASSROOM TRAINING***

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

| Course Title | Training Site Location | Training Date(s) |
|---|---|---|
| APCO Law Enforcement Communications | | |

**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. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

**CHIEF/DIRECTOR/PSAP SUPERVISOR SIGNATURE:** _____