MASSACHUSETTS STATE 911 DEPARTMENT
ECATS Training Webinar - Application for Enrollment
Please email completed applications to: 911training@massmail.state.ma.us

__Please be advised that you must be a__ __certified__ __e911 telecommunicator to attend this training.__
__This training is for PSAP supervisors, PSAP managers and PSAP administrators or designees of the PSAP ONLY.__
__The State 911 Training department will review the application and will send an email confirmation which will include a link to register for available ECATS training dates.__

Course Information

Course Title	Date(s)
ECATS TRAINING WEBINAR	PROVIDED IN CONFIRMATION EMAIL BY STATE 911 TRAINING DEPARTMENT

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 (ALL Students MUST be certified 911 Telecommunicators)

	Student Name	Last Four Digits of SS#	Email Address
1.			
2.			
3.			
4.			
5.			

CHIEF/DIRECTOR/PSAP SUPERVISOR SIGNATURE: _____