***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: ­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_