

BTO Class Announcement

Please email to OATBTOprogram@mass.gov

Date of Class: _____ **Time of Class:** _____ **Number of Attendees:** _____

Type of Class (check one): Non-Grant _____ Grant _____

Seats to reserve for the hosting department (Grant only): _____

Name of Instructor #1: _____

Name of Instructor #2: _____

Name of Instructor #3: _____

Location (check one):	
MPTC Boylston	
MPTC Plymouth	
MPTC Randolph	
MPTC Lynnfield	
MPTC Holyoke	
State Police Academy	
MSP Milford at DOC	
Other	

If Other, enter name of location and full address: _____

Additional Location Instructions (parking, entrance, badge): _____

****Please fill out this portion ONLY IF YOU NEED supplies from OAT, not if you already have them.****

Supplies Needed (# of each)	
BTs	
Printers	
Mouthpieces	
Dry Gas	

Grant Paperwork (# of each)	
Manual	
Statutory Rights & Consent Form	
Exam	
Answer Sheet	
Evaluation	

Estimated pick up date for supplies & paperwork from OAT: _____

Estimated drop off date for supplies returned to OAT: _____