MASSACHUSETTS STATE 911 DEPARTMENT
"How it Works" -NG911 Call Routing Workshop
Application for Enrollment
Please email completed applications to: 911training@mass.gov

Please be advised that the student MUST have access to a laptop/desktop with video and audio capabilities to participate in our on-line training.
The student will also be required to download the FREE Microsoft TEAMS App prior to the start of training.

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

Course Title	Date of Training
"How it Works" -NG911 Call Routing Workshop	

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: _____