

MASSACHUSETTS STATE 911 DEPARTMENT

MLTS (MULTI-LINE TELEPHONE SYSTEM) Workshop - Application for Enrollment

Please email completed applications to: 911training@mass.gov

- Please be advised that the attendee **MUST** have access to a laptop/desktop with video and audio capabilities to participate in our on-line trainings.
- The attendee will also be required to download the **FREE** Microsoft **TEAMS** App prior to the start of training.
- If attendee is a certified E9-1-1 telecommunicator, this workshop has been approved for 2-hours of continuing education.

WORKSHOP Information (Please fill in requested dates of workshop)

Workshop Title

Date(s)

MLTS (Multi-Line Telephone System) Workshop	
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PSAP / VENDOR / DEPARTMENT / AGENCY THAT EMPLOYS ATTENDEE(S) Information

Name : _____

Address: _____

Tel. Number: _____ (include area code) Cell Phone Number: _____ (optional)

(9-1-1 PSAPs only) Supervisor EMAIL Address: _____

(ALL CONFIRMATIONS WILL BE EMAILED TO THE EMAIL ADDRESS ABOVE)

ATTENDEE Information

	Attendee Name	Email Address
1.		
2.		
3.		
4.		
5.		