



Washington State 911 Public Safety Telecommunicator Legacy Certification Application

Instructions: This application is for those individuals who have been employed in a 911 Public Safety Agency, completed all required training, and demonstrated their skills and abilities to perform to all standards prior to January 2025. Please complete all sections and submit the signed application as instructed.

Section	1: Applicant Information	on:	
Full Nar	me		Agency Name
Position Title Contact Email _		Contact Er	nail
Date of	hire		
	aining was completed		
		_	
	2: Certification Reques		
Please	select the certification to		
	Call Receiver	Dispatcher	Both Call Receiver and Dispatcher
	rmational purposes onli rently working on your		ertification applicants; for which discipline(s) are
	Law only	Fire/EMS only	Law, Fire and EMS
By signi 1.	the selected certification. The above telecommunity procedures as outlined understand that our a	on(s). nicator understands an I by the Washington Sta agency has the ultimate	all required training to meet the qualifications for d will comply with all applicable policies and ate 911 Certification Program. e responsibility for the certification of our provided is correct and accurate to the best of my
Training Coordinator Signature:			Date

Submission Information

Please submit the completed form via email to mil-911training@mil.wa.gov Please include "Legacy Certification Individual Application" in the subject line. For questions, contact Suzie.biscarret@mil.wa.gov or Katrina.rahier@mil.wa.gov.