



Washington State 911 Public Safety Telecommunicator Initial Certification Application

Instructions: This application is for those individuals who are employed at a 911 Public Safety Agency, successfully completed training after certification January 2025, have passed a knowledge test, and have been approved by their agency to work independently to perform to all standards. Please complete all sections and submit the signed application as instructed.

Section 1: Applicant Information:

Full Name _____ Agency Name _____

Position Title _____ Contact Email _____

Date signed off by agency to work independently _____

Section 2: Certification Request

Please select the certification type(s) and discipline you are applying for:

Call Receiver

Dispatcher

Both Call Receiver and Dispatcher

For informational purposes only for dispatch or dual certification applicants; for which discipline(s) are you currently working on your own?

Law only

Fire/EMS only

Law, Fire and EMS

Section 3: Agency Verification

By signing below, I affirm that:

1. The above telecommunicator has completed all required training to meet the qualifications for the selected certification(s).
2. The above telecommunicator understands and will comply with all applicable policies and procedures as outlined by the Washington State 911 Certification Program.
3. I understand that our agency has the ultimate responsibility for the certification of our telecommunicators and that the information provided is correct and accurate to the best of my knowledge.

Training Coordinator Signature: _____ Date _____

Submission Information

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