WA 911 PST Certification Board State 911 Coordination Office (SECO) Emergency Management Division



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 (effective date), 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 in					
Full Name			Agency Name		
Position Title	tion Title Contact Email Date signed off by agency to work independently				
Hire Date	Date sign	Date signed off by agency to work independently			
Section 2: Training Cou	rse & Final Test				
What type of training co		communicator	complete?		
		T1 (through SECO)		T2 (through SECO)	
Other (please describe):					
PLEASE INCLUDE A COP	Y OF THE APPLICA	NT'S FINAL T	EST RESULT WITH	THIS APPLICATION	
Section 3: Certification	Request				
	•	discipline you	are applying for:		
Please select the certification type(s) a		cher			
□ Call Receiver	□ Dispati	tner	□ Both Call Rece	eiver and Dispatcher	
For informational nume	nses only for disna	tch or dual ce	rtification applica	nts; for which discipline(s) are	
you currently working o		ten or adar ce	remeation applica	intes, for writeri discipline(s) are	
	∏ Fire/EN	MS only	□ Law Eiro and	ENAS	
□ Law Omy	□ гпедег	VIS OTHY	Law, The and	LIVIS	
Section 4: Agency Verif	ication				
By signing below, I affire	m that:				
	communicator has	completed al	l required training	g to meet the qualifications for	
	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 th	nat our agency has	the ultimate	responsibility for t	the certification of our	
telecommunica knowledge.	ators and that the	information p	rovided is correct	and accurate to the best of my	
Training Coordinator Sig	gnature:			Date	
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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.