

Washington State 911 Public Safety Telecommunicator Request to Add Certification Application

Instructions: This application is for those individuals who are employed at a 911 Public Safety Agency, have previously achieved a certificate type and discipline, have completed all required additional training, and wish to add a discipline or certificate type. Please complete all sections and submit the signed application as instructed.

	1: Applicant Information				
Full Name			Agency Name		
Positio	osition Title Contact Email				
Certific	ate type currently issued	d			
Discipli	ne currently issued				
Section	2: Certification Reques	+			
	select the certification to		h to add:		
	Call Receiver				
		•			
For info	ormational purposes onl	y for dispatch or dual	certification applicants; for wh	nich discipline(s) are	
you now working on your own?					
	Law only	Fire/EMS only	Law, Fire and EMS		
Section 3: Agency Verification					
	0 ,				
By sign	ing below, I affirm that:				
1.	1. The above telecommunicator has completed all required training to meet the qualifications for				
	the additional certification(s).				
2.	2. The above telecommunicator understands and will comply with all applicable policies and				
2	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.	d that the information	i provided is correct and accur	ate to the best of my	
	knowledge.				
Trainin	g Coordinator Signature:		Date	e	

Certification - Request to Add Discipline" in the subject line. For questions, contact Suzie.biscarret@mil.wa.gov or Katrina.rahier@mil.wa.gov.

Submission Information

Please make sure to send a copy of the final test result with your application.

Please submit the completed form via email to mil-911training@mil.wa.gov Please include "Update