



Washington State Criminal Justice Training Commission

General Course Application for Telecommunicators

Instructions: Open this document in your word processing program and type your answers in the appropriate areas. Use the tab key to move to the next field. This form can also be printed and filled in by hand. Bolded areas are required fields. You can print and mail the form, fax it or send it as an email as an attachment to cahrens@cjtc.state.wa.us. You must include your Training Coordinator email address below!

PLEASE TYPE OR PRINT CLEARLY

1. GENERAL INFORMATION

*Applicant's Name: Last, First, Middle:		
Title/Rank:	*Applicant's Social Security Number:	Male Female
*Date of Birth:	*Date of Hire:	*Applicant's agency email address:
*Agency:	Agency Phone:	Agency Fax:
*Agency Address: (Street or PO Box)	(City)	(Zip)

IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

2. COURSE INFORMATION

*Course Title:	*Course Number:
Location of Course:	Course Dates:

3. PREREQUISITES

Does the Above Course have Prerequisites for attendance? (See Website Training Course Index & click on the course you wish to attend for more information)		No Yes (Complete Below)
PREREQUISITE(S):	APPLICANT'S COMPLETION OF PREREQUISITE(S):	
<input type="checkbox"/>	Course Dates and Location:	
<input type="checkbox"/> Completion of (Course Title): _____	Course Dates and Location:	

4. MEALS AND LODGING

Meals, lodging and travel expenses are the responsibility of the telecommunicator or his/her agency

5. OPTIONAL

In determining acceptance or non-acceptance of this application, the Training Commission will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments:

6. TRAINING COORDINATOR EMAIL ADDRESS:

****EMAIL ADDRESS****

Confirmation will be sent via email, please include your email address!

7. AUTHORIZATION

Agency Representative Authorizing Attendance: _____ Name and Title _____ Signature and Date	For Commission Use Only MTRS _____ A _____ R _____ N _____ C _____
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Return completed application form to: Washington State Criminal Justice Training Commission, 19010 1st Avenue South, Burien, WA 98148 Attn: Telecommunicator Program. Applications may also be faxed to (206) 835-7959 or sent as an email attachment to cahrens@cjtc.state.wa.us For more information regarding the Telecommunicator Program, please call 206-835-7351 or 7361.