

CJTC 854C

Rev: 11/04



APPLICATION FOR TELECOMMUNICATOR CERTIFICATE(S) RENEWAL

CJTC ONLY

Approved: YES \_\_\_ NO \_\_\_

Date \_\_\_ By \_\_\_

New exp. date & which cert: \_\_\_\_\_

Date Renewal letter sent: \_\_\_\_\_

Please complete the form and mail or fax it to the address below. Sending copies of the training records and certificate(s) is not necessary. Confirmation of renewal is sent via email so please include your email address below!

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_

I am renewing my: Telecommunicator I \_\_\_\_\_ Telecommunicator II \_\_\_\_\_ Certificate(s)

Date T1 test taken or expiration date: \_\_\_\_\_

Date T2 test taken or expiration date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Continuing Education Requirement:

The agency representative whose signature appears below affirms that the telecommunicator listed has received at least twenty-four hours of continuing education in the two years preceding certificate renewal, and that training records for this continuing education are kept on file and available for the CJTC to audit.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please print the name of the Agency Director or Representative & their email address

\_\_\_\_\_  
Title and Signature of Agency Director or Representative

\_\_\_\_\_  
Date Signed

Return to:

Telecommunicator Project Manager  
Criminal Justice Training Commission  
19010 First Avenue S.  
Burien, WA 98148  
Phone: 206-835-7351  
Fax: 206-835-7959  
Email: [cahrens@cjtc.state.wa.us](mailto:cahrens@cjtc.state.wa.us)