

CJTC 854C

Rev: 04/13



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: 206-835-7361
Fax: 206-835-7959
Email: gpond@cjtc.state.wa.us