

CJTC 854C
 Rev. 8/04



**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: See attached list.

Social Security Number:

Agency Name: King County Sheriff's Office Work phone: 206-205-7635

Address: 3511 NE 2nd ST Renton, WA 98056

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

Date T1 test taken or expiration date: _____
 Date T2 test taken or expiration date: *see attached*

 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: _____, Training Supervisor Email: _____@kingcounty.gov

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

 Title and Signature of Agency Director or Representative 080113
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

Sheriff's Office

Telecommunicator Certification Renewal

NAME:	Telecomm I	Telecomm II	Expires:
r, Tiffany,	X		09/12/13
g, Lisa	X		09/13/13
Malinda	X 9/12/13	X	02/11/15
Brad	X		09/13/13
April	X		10/12/13
n Debi	X		10/12/13
'Lynn	X		09/13/13
Brooke	X		10/12/13