State of Connecticut

DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

Office of Statewide Emergency Telecommunications

Application for Written Acknowledgement of Achievement

This form must be ***completed in full and all documentation provided*** *in order to be considered for eligibility to take the State of Connecticut Telecommunicator Examination.* ***Incomplete applications will be returned to applicant****. If you have questions, please call The Office of Statewide Emergency Telecommunications at* ***860.685.8155.***

Fax Transmittal

Date:

To: Telecommunicator Training Program

Fax: **860-685-8363**

Number of pages:

From:

Phone:

Student Information (to be completed by student)		
Section 1-217 of the Connecticut General Statutes exempts the residential addresses of a number of occupational categories from release to the public under the Freedom of Information Act. Such categories include, but are not limited to, police officers, firefighters and employees of the Department of Correction. If you believe that your residential address is exempt under this law, please make a check mark in the box: ☐		
Name		
Address		
City	State	Zip
Home Phone ( )	ID #	——
Signature		*First three letters of last name—last four digits of social security number*
Employer Information (to be completed by employer)		
Employer Name		
Address		
City	State	Zip
Work Phone ( )		
Applicant's date of hire as a Telecommunicator		
Supervisor's Name		
Supervisor's Signature		

If unable to fax, please mail to:

Office of Statewide Emergency Telecommunications
Department of Emergency Services and Public Protection
1111 Country Club Road
Middletown, CT 06457

Remember to **attach evidence** of experience as a Public Safety Telecommunicator, or evidence of the completion of specialized training in the area of Public Safety Telecommunications in accordance with the standards set forth in Connecticut General Statute 28-30-7.