

TX-TERT



Texas Telecommunicator Emergency
Response Taskforce

TX-TERT

Member Application

Last Name: _____ First Name: _____

Title/Position: _____

Job Function:

Agency/Company:

Address:

City, State, Zip Code, County

Work Phone: _____ Fax Phone: _____

Email Address: _____

Member Profile

Year/Date

2 Years Experience as a Telecommunicator	
TCOLE Basic Telecommunicator Certification	
TCIC/NCIC Full Access Certification	
911 Equipment Training Certification	
Last TTY/TDD Training Compliance	
TERT Basic Awareness Course	
TERT Team Leader Course (if applicable)	

Include a letter of recommendation from a supervisor

"I certify I have met the minimum qualifications required to become a TX-TERT member."

Signature of Applicant: _____ Date: _____

Member Recommendation

(To be completed by a Supervisor)

Supervisor name: _____

Work Phone: _____ Work Fax: _____

Email address: _____

The above applicant has completed the following requirements:

(Initial)

2 years experience as Telecommunicator	
TCOLE Basic Telecommunicator Certification Date	
TCIC/NCIC Full Access Certification Date	
911 Equipment Training Certification Date	
Last TTY/TDD Training Compliance Date	
TERT Basic Awareness Course Date	
TERT Team Leader Course (if applicable) Date	
Letter of Recommendation	

Signature of Supervisor: _____ Date: _____

Mail completed application to:

North Central Texas Council of Governments
9-1-1 Program Attn: Jason Smith
616 Six Flags Drive
Arlington, TX 76011

*If an applicant changes employment, the member will need to re-apply as a TX-TERT member and will be required to complete a new application.

*******Do Not Write Below This Line – For TX TERT Use Only*******

Select One:

APPROVED

DISAPPROVED

_____ Date: _____
Regional TX TERT Coordinator

_____ Date: _____
TX TERT State Coordinator Signature

Notes: