Instructor Name: _____

351 N. Williamson Blvd. Daytona Beach, FL 32114-1112 386-239-8397 Secure Fax

386-322-2500

APCO Institute Instructor Upgrade Form

Ag	gency Name (no abbreviations):
Ag	gency Address:
Cit	ty/State/Zip:
Da	aytime Phone: APCO Membership #:
En	nail Address:
l am (Attac	currently certified as an APCO Institute Instructor in the most current edition of the copies of certificates for each course) Public Safety Telecommunicator 1 (7 th Edition) Communications Training Officer (6 th Edition) Fire Service Communications (3 rd Edition) Emergency Medical Dispatcher (5 th Edition-Version 4) Law Enforcement Communications (1 st Edition) the to be certified as an instructor in the most current edition of
	ch copies of certificates for each course)
	Public Safety Telecommunicator
	Communications Training Officer
	Fire Service Communications
	Law Enforcement Communications
	Emergency Medical Dispatch (Must have hold EMD Certification for a minimum of one year)
Request for up	ograde will not be processed if you do not hold the most current edition of student or instructor course(s)*
	<u>UPGRADE FEE:</u> \$159.00 per upgrade (<i>Members</i>) / \$169.00 per upgrade (<i>Non-Members</i>)
Method of I Credit Card(**Credit Car	(Includes instructor certificate and access to instructor resources) d processing within 48 hours of receipt, please provide an additional \$50.00 in addition to upgrade fee* Payment: (U.S. funds only) Check Purchase Order(Attach Copy)/New Jersey-Original Purchase Order Check one) VISA Mastercard Discover Amex rd payment by secure fax, phone, or mail only**
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Name on Ca	rd: Cardholder's Email:
Cardholders	s Address:

RETURN INSTRUCTOR UPGRADE PAPERWORK AND SIGNED AGENCY INSTRUCTOR AGREEMENT TO:

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