



New York State, All-Hazards Communications Unit Position-Specific Credentialing. Application and Submission Checklist

Name: First Name Middle Initial/Name Last Name

Rank and/or Working Title:

Address:

City: State: Zip Code:

Phone Number: () Email:

COMU Position being applied for: () COML () COMT

Agency Name: 24/7 Phone Number ()

Address:

City: State: Zip Code:

Agency Supervisor Name: Title

Phone Number: () Email:

All-Hazards Course Prerequisite Training Completed. (Attach Copies of Certificates and Training Records)

- ICS 100, ICS 200, ICS 300, IS 700, IS 800 or IS 800b

- Copy of Certificate of Completion from All-Hazards Position-Specific Training Course
Completes and legible All-Hazards Position-Specific Task Book (PTB) including the following elements:
All numbered tasks initialed by appropriate evaluator
Completed Evaluation Record for each evaluator performing evaluation of applicant
Final Evaluator's Verification
Agency Certification

Applicant's Signature

Submission Date

Submit Documents by Email or Mail to:

NYS Division of Homeland Security and Emergency Services, Office of Interoperable and Emergency Communications, Attn: SWIC, 1220 Washington Ave., State Office Campus, Building 7A. Albany, New York 12242 Email: dhsec.oiec@dhsec.ny.gov

For SWIC & OIEC Use:

Received By

Title

Date