



New York State, All-Hazards Communications Unit
Position-Specific Credentialing.
Performance-Proficiency Documentation

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

Participation in a multi-jurisdictional/multi-agency Incident, Event, Exercise or Training (check all that apply)

- Incident: Incident Date: _____ Location: _____
COMU Position: _____ Incident Name: _____
Incident Commander Name: _____ Phone: (____) _____
Planned Event: Event Date: _____ Location: _____
COMU Position: _____ Incident Name: _____
Event Commander Name: _____ Phone: (____) _____
Exercise: Exercise Date: _____ Location: _____
COMU Position: _____ Exercise Name: _____
Exercise Director Name: _____ Phone: (____) _____
Training: Training Date: _____ Location: _____
Course Name: _____
Instructor Name: _____ Phone: (____) _____

List Attachments/Supporting Documents, including, but not limited to; Incident Action Plans, Organizational Charts, Communications Plans, ICS204, ICS205, ICS217A forms and supporting technical documents developed by the applicant, Agency Certification Form, Communications Training Certificates of Completion.

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: dhses.oiec@dhses.ny.gov

For SWIC & OIEC Use:

Received By _____ Title _____ Date _____