

New York State Communications Unit
Position-Specific Credentialing
Home Agency Certification

COMU Applicant

Name: _____
First Name Middle Initial Last Name

Rank and/or Working Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Telephone: _____ Applicant E-mail: _____

COMU Position being applied for: COML INCM INTD RADO AUXCOMM COMT ITSL

Note: Requirements for qualification are detailed in the New York State All-Hazards Communications Unit Position-Specific Credentialing Police, available online at: <http://www.dhses.ny.gov/oiec>

Agency Certification

I certify that the above individual has met all requirements for qualification in the All-Hazards Communications Unit position specified.

Certifying Official's Signature: _____ Date: _____

Certifying Official's Name (Printed): _____ Title: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Agency Telephone: _____ Agency E-mail: _____

Removal of Agency Certification

Please remove our Agency's Certification from the record of the individual named above.

Certifying Official's Signature: _____ Date: _____

Certifying Official's Name (Printed): _____ Title: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Agency Telephone: _____ Agency E-mail: _____

Submit Documents by E-mail or Mail to:

New York State Division of Homeland Security and Emergency Services (NYS DHSES)
Office of Interoperable & Emergency Communications (OIEC)
1220 Washington Avenue, Building 7A, Suite 102
Albany, NY 12242
dhses.oiec@dhses.ny.gov

For SWIC & OIEC Use:

Received By: _____ Date: _____