

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

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: Incident Date: Location:

COMU Position: Incident Name:

Incident Commander Name: Phone:

Exercise: Incident Date: Location:

COMU Position: Incident Name:

Incident Commander Name: Phone:

Training: Incident Date: Location:

COMU Position: Incident Name:

Incident Commander Name: Phone:

Attach supporting documents, including, but not limited to; Incident Action Plans, Organizational Charts, Communications Plans, ICS204, ICS205, ICS217A forms and supporting technical documents.

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 dh ses.oiec@dhses.ny.gov

For SWIC & OIEC Use:

Received By: Date: