



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

Agency

Agency Name:

Address:

City: State: Zip Code:

Agency Telephone: Agency E-mail:

All-Hazards Course Prerequisite Training Completed (Attach Copies of Certificates and Training Records – As Applicable)

IS-100.c IS-200.c ICS-300 ICS-400 IS-700.b IS-800.c

Copy of Certificate of Completion from All-Hazards Position Specific Training Course

Complete and Legible All-Hazards Position Task Book (PTB) •

- All Numbered Tasks Initialed by Appropriate Evaluator
Completed Evaluation Record for each Evaluator performing evaluation of applicant
Final Evaluators Verification
Agency Certification

Home Agency Certification (Appendix B)

Performance-Proficiency Documentation (Appendix C)

Applicant's Signature: Submission Date:

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
OIEC.Training@dhses.ny.gov

For SWIC & OIEC Use:

Received By: Date: