



**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  
[OIEC.Training@dhses.ny.gov](mailto:OIEC.Training@dhses.ny.gov)

For SWIC & OIEC Use:

Received By: \_\_\_\_\_ Date: \_\_\_\_\_