

New York State Communications Unit (COMU) Position-Specific Credentialing Application and Submission Checklist Appendix A

COML	INCM	INTD		AUXCOMM	1COMT	ITSL
		<u>.</u>	Applicant Persor	nal Information		
Name:					Phone:	
	First		M	Last		
Mailing Addre	ess:					
				E-mail:		
			Applicant Agen	cy Information		
Agency Name: Title & Rank:						
Agency Addre	ess:					
				Zi	p:	
CompFinal of Agend	oleted Evaluation evaluators verificy Cy Certification	fication	n evaluator perf	orming evaluation of career training Course	applicant	
	·		•	pendix C – Performar	nce-Proficiency Docu	mentation
				144 (INCM & INTD)		
		n of all pre-requis	site training is co	omplete and required	d documentation is a	attached:
Applicant Sign		ew York State Divisior Office of Interopera		rity and Emergency Service Communications (OIEC)	es	Date
		Fo	or SWIC & OIEC Use	•		
Received by:				Date R	eceived:	