



Homeland Security and Emergency Services Office of Interoperable and Emergency Communications

New York State Communications Unit (COMU) Position-Specific Credentialing Home Agency Certification Appendix B

COMU position being applied for (only one per form):

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Note: Requirements for qualification are detailed in the New York State All-Hazard Communications Unit Position-Specific Credentialing Policy, available online at: <https://www.dhSES.ny.gov/communications-unit-comu>

Applicant Information

Name: _____ Phone: _____
 First M Last
Title & Mailing
Rank: _____ Address: _____
E-mail: _____ City: _____ State: _____ Zip: _____

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: _____ Agency Phone: _____
Agency Address: _____
City: _____ State: _____ Zip: _____ 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: _____ Agency Phone: _____
Agency Address: _____
City: _____ State: _____ Zip: _____ Agency E-mail _____

Submit all documents by email to:
New York State Division of Homeland Security and Emergency Services
Office of Interoperable and Emergency Communications (OIEC)
OIEC.Training@dhSES.ny.gov

For SWIC & OIEC Use Only Received by: _____ Date Received: _____