NEW YORK STATE | Homeland Security and Emergency Services
Office of Interoperable and Emergency Communications

New York State Communications Unit (COMU)
Agency Certification Removal Form
Appendix E

Individual's Information

Name: _____ (First) _____ (M) _____ (Last) Phone: _____

Title & Rank: _____ Mailing Address: _____

E-mail: _____ City: _____ State: _____ Zip: _____

Removal of Agency Certification – Agency Information

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 document via 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:**