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

New York State Communications Unit (COMU)
Position-Specific Credentialing Performance-Proficiency Documentation
Appendix C

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

☐ COML ☐ INCM ☐ COMT ☐ INTD ☐ AUXC ☐ RADO

Applicant Information

Name: _____ _____ _____ **Phone:** _____
First **M** **Last**

Title & Rank: _____

Mailing Address: _____

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

Participation in a multi-jurisdictional/multi-agency incident, event, exercise, or training:

Complete all that apply

Incident

Incident Name: _____ Location: _____

COMU Position: _____ Incident Date: _____ Operational Period: _____

Incident Commander Name: _____ Phone: _____

Planned Event

Event Name: _____ Location: _____

COMU Position: _____ Incident Date: _____ Operational Period: _____

Incident Commander Name: _____ Phone: _____

Exercise

Exercise Name: _____ Location: _____

COMU Position: _____ Incident Date: _____ Operational Period: _____

Incident Commander Name: _____ Phone: _____

Training

Training Name: _____ Location: _____

COMU Position: _____ Incident Date: _____ Operational Period: _____

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 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:** _____