



KATHY HOCHUL
Governor

TERENCE O'LEARY
Acting Commissioner

MARK J. BALISTRERI
Director

Communication Assets Survey and Mapping (CASM) Tool

User Account Update or Request

Personnel responsible for the management, control, design, operation or service and maintenance of public safety communications systems are eligible to access the CASM tool. Such persons must be a government employee or a contractor to the governmental entity.

Instructions: Complete this entire form. Submit to the State CASM Administrator via email to:
OIEC.Training@dhses.ny.gov.

Action requested: [] New [] Modify [] Terminate

Changes to CASM Account:

Last Name: _____ First Name: _____ M.I.: _____
Title: _____

Agency Information:

Agency: _____
Official Agency Address: _____
Address Line 2: _____
City: _____ State: _____ Zip Code: _____
County: _____ Email: _____
Office #: _____ Mobile #: _____

Reason for Access: _____

Levels of Access:

State/Urban Area Access: Enter and edit data pertaining to communication systems, networks, equipment and infrastructure for any agency in the State/Urban Area. Allows displaying information graphically on a map. Provides the ability to initiate new sub-jurisdictions and agencies and edit any jurisdiction and agency profiles.

Agency Access: Enter and edit data pertaining to communication systems, networks, equipment and infrastructure for the agency(s) to which the user is assigned. Allows displaying information graphically on a map.

View Only Access: Ability limited to viewing the communication information graphically on a map.

Requested Level of Access: (check one) [] State/Urban Area Level [] Agency Level [] View Only



Homeland Security and Emergency Services Office of Interoperable and Emergency Communications

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Conditions of Use: CASM contains state, local and agency level of data that is considered Public Safety sensitive information. The User agrees to provide proper safeguards for any information the User shall obtain from the tool. The User will treat the information as sensitive and share the information only in the execution of User's required duties and within the existing information security standards enforced by the User's organization. Information obtained from the access and use of CASM, shall be solely for governmental use and shall not be used for non-governmental purposes or for personal or private gain. Upon leaving government service from the above designated agency or is no longer in a position in which CASM use is required, the User shall notify the New York State CASM Administrator. The administrator will terminate the account. The User's prior use of information obtained from CASM shall survive termination of this Agreement. This is an individual account and the User understands that sharing the User ID and password, thus allowing non-authorized users access to CASM, is prohibited. The User understands this tool is not intended to be used as the sole source for tactical and/or real-time communications services; it is an analysis and planning tool only.

User Signature: _____ Date: _____
Print Name: _____

To be completed by state, county, local government or agency person having authority. I certify that the individual listed above is authorized to access the ICTAP CASM Tool on behalf of this agency.

Signature: _____ Date: _____
Print Name: _____
Title: _____
Entity/Agency: _____
Telephone #: _____ E-mail Address: _____

Internal Use Only – OIEC Review and Approval	
Reviewed By: _____	Title: _____
Date: _____	Approved: _____ Denied: _____
Remarks/Conditions _____	

E-mail completed application form to: OIEC.Training@DHSES.NY.GOV

CASM User Account Application. Ver-12 March 2026