Homeland Security and Emergency Services | Interoperable and Emergency Communications

New York State, All-Hazards Communications Unit Position-Specific Credentialing. Home Agency Certification

Name: _____
First Name Middle Initial/Name Last Name

Rank and/or Working Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Email: _____

COMU Position being applied for: ( ) COML ( ) COMT

Note: Requirements for qualification are detailed in the New York State All-Hazards Communications Unit Position-Specific Credentialing Policy, available online at: http://www.dhses.ny.gov/oiec/

Agency Certification

I certify that the individual named above has met all requirements for qualification in the All-Hazards Communications Unit position specified.

Certifying Official's Signature: _____ Date: _____

Printed Official's Name: _____ Title: _____

Agency Name: _____ 24/7 Phone Number :(_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email: _____

Removal of Agency Certification

Please remove our Agency's Certification from the record of the individual named above.

Certifying Official's Signature: _____ Date: _____

Printed Official's Name: _____ Title: _____

Agency Name: _____ 24/7 Phone Number :(_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email: _____

Submit Documents by Email or Mail to:

NYS Division of Homeland Security and Emergency Services, Office of Interoperable and Emergency Communications, Attn: SWIC, 1220 Washington Ave., State Office Campus, Building 7A. Albany, New York 12242 Email: dhses.oiec@dhses.ny.gov

For SWIC & OIEC Use:

_____ _____ _____
Received By Title Date