Name:

Rank or Title:

Street Address:

City: State: Zip Code:

Telephone: Email:

Agency:

Address:

City: State: Zip Code

Agency Supervisor Name:

Telephone: Email:

All-Hazards Course Prerequisite Training Completed (Attached copies of certificates or FEMA Transcript) ICS 100  ICS 200ICS 300ICS 700 ICS 800 or 800b

 Copy of Certificate of Completion for All-Hazards Course

Applying for credentialling as: COMT COML

Completed and legible All-Hazards Position-Specific Task Book (PTB) including the following

elements :

All numbered tasks initialed by appropriare evaluator

Completed Evaluation Record for each evaluator performing evaluation of applicant

* Final Evaluator’s Verification

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Applicant’s Signature Submission Date

I certify the applicant has met all requirements for qualification in the All-Hazards Communication Unit position specified:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Chief or Director Signature Submission Date

Submit documents by mail to:

Connecticut Division of Emergency Management and Homeland Security

1111 Country Club Road, Middletown, CT 06457

Attn: Statewide Interoperability Coordinator (SWIC)