

Massachusetts State Communications Unit

Position-Specific Credentialing **Application and Submission**

MA COMU Applicant

Name: First Name	Middle Initial	 Last Name
Address:		_
City:	State:	Zip Code:
Applicant Telephone:	Applicant E-mail:	
COMU Position being applied for:	COML INCM INTD	RADO AUXCOMM COMT ITSL
	TERT AGENCY	
Agency Name:		
Address:		
City:	State:	Zip Code:
Agency Telephone:	Agency E-mail	:
	Course Prerequisite Train Certificates and Training Red C	cords – As Applicable) —
Copy of Certificate of Completion	n from All-Hazards Position Spe	cific Training Course
Complete and Legible All-Hazar	·	Ç
	nitialed by Appropriate Evaluato n Record for each Evaluator perf cation	
Home	Agency Certification (Appendix	B)
Performance	-Proficiency Documentation (Ap	pendix C)
Applicant's Signature:	Submission Date:	
	Submit Documents by E-mail secutive Office of Public Safety and Secutive Office of Public Safety and Secutive Office Interoperability Coordinator One Ashburton Place, Suite 2133 Boston, Ma. 02108 MA.SWIC@Mass.gov	urity
or SWIC / EOPSS Use:		
Received By:		Date: