



Massachusetts State
Communications Unit
Position-Specific Credentialing
Home Agency Certification

MA COMU Applicant

Name: _____
 First Name Middle Initial Last Name

Rank and/or Working Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Telephone: _____ Applicant E-mail: _____

COMU Position being applied for: COML INCM INTD RADO AUXCOMM COMT ITSL
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Note: Requirements for qualification are detailed in the Massachusetts State Communications Unit Position-Specific Credentialing Policy

Agency Certification

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

Certifying Official's Signature: _____ Date: _____

Certifying Official's Name (Printed): _____ Title: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Agency Telephone: _____ Agency E-mail: _____

Removal of Agency Certification

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

Certifying Official's Signature: _____ Date: _____

Certifying Official's Name (Printed): _____ Title: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Agency Telephone: _____ Agency E-mail: _____

Submit Documents by E-mail to:
 Executive Office of Public Safety and Security
 Statewide Interoperability Coordinator
 One Ashburton Place, Suite 2133
 Boston, Ma. 02108
MA.SWIC@Mass.gov

For SWIC / EOPSS Use:

Received By: _____ Date: _____