



<p style="text-align: center;">Massachusetts State Communications Unit Position-Specific Credentialing Performance-Proficiency Documentation</p>
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**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  
 TERT

Participation in a multi-jurisdictional/multi-agency Incident, Event, Exercise or Training (Check all that apply)

**Incident:**    Incident Date: \_\_\_\_\_    Location: \_\_\_\_\_

COMU Position: \_\_\_\_\_    Incident Name: \_\_\_\_\_

Incident Commander Name: \_\_\_\_\_    Phone: \_\_\_\_\_

**Planned:**    Incident Date: \_\_\_\_\_    Location: \_\_\_\_\_

COMU Position: \_\_\_\_\_    Incident Name: \_\_\_\_\_

Incident Commander Name: \_\_\_\_\_    Phone: \_\_\_\_\_

**Exercise:**    Incident Date: \_\_\_\_\_    Location: \_\_\_\_\_

COMU Position: \_\_\_\_\_    Incident Name: \_\_\_\_\_

Incident Commander Name: \_\_\_\_\_    Phone: \_\_\_\_\_

**Training:**    Incident Date: \_\_\_\_\_    Location: \_\_\_\_\_

COMU Position: \_\_\_\_\_    Incident Name: \_\_\_\_\_

Incident Commander Name: \_\_\_\_\_    Phone: \_\_\_\_\_

Attach supporting documents, including, but not limited to; Incident Action Plans, Organizational Charts, Communications Plans, ICS204, ICS205, ICS217A forms and supporting technical documents.

Submit Documents by E-mail to:  
 Executive Office of Public Safety and Security  
 Statewide Interoperability Coordinator  
 One Ashburton Place, Suite 2133  
 Boston, Ma. 02018  
[MA.SWIC@Mass.gov](mailto:MA.SWIC@Mass.gov)

For SWIC / EOPSS Use:

Received By: \_\_\_\_\_ Date: \_\_\_\_\_