

WISCONSIN
INTEROPERABILITY
SEAMLESS STATEWIDE **A** PUBLIC SAFETY RADIO COMMUNICATIONS



Communications Unit
Standard Operating Guidelines
Initial Position Recognition
Application Packet

July 2024

Application packet complies with the National Incident Management System. Completion of the forms is voluntary; however, lack thereof will prevent processing. The Department of Military Affairs may use the personally identifiable information it obtains from you on these forms for purposes other than for which it is being collected.

Initial COMU Position Recognition Process

The Wisconsin Communications Unit Qualification Program is a voluntary program intended to provide guidance and minimum standards for the development of Communications Unit positions. The recognition program only applies to Single Type 4/5 level responses.

The program's Standard Operating Guidelines (SOG) apply to those individuals who meet the recommended U.S. Department of Homeland Security (DHS) guidelines for eligibility, training and experience for All-Hazards Communications Unit positions and are requesting recognition in the State of Wisconsin.

Application Type

- Check the Initial Application, Agency Change, or Historical Recognition box and position being applied for (only one position per application)

Applicant Information

- Name: Your full legal name
- Certifying Agency: The agency providing workers compensation and other liability-related protections
- Certifying Agency Address
- County: If you serve in multiple counties, list each one
- 24/7 Telephone: Note the preferred number to reach you after business hours

Agency Certification

- This section *certifies* you to serve in a COMU position as an agent of your agency.
- This section assures an incident commander that the deployed person is covered by employment-related protections such as workers compensation and liability insurance.
- This section must be completed and signed by your agency head or authorized representative from your agency.

Materials to be submitted with the applicant's packet

- Completed form DMA-2103 COMU Position Qualification Application
- Completed form DMA-2101 COMU Incident/Event/Exercise Experience Record (*required for Historical Recognition and Out-of-State applicants only*)
- Certificate(s) which confirm completion of all-hazards position-specific training
- Completed Position Task Book with all required information
- Available supplemental ICS documentation related to your PTB training activities. The more documentation you are able to provide will assist the COMU WG in their review. Examples include:
 - IAP – Incident Action Plan
 - ICS 201 – Incident Briefing
 - ICS 205 – Incident Radio Communications Plan
 - ICS 205A – Communications List
 - ICS 214 – Activity Log

Instructions

Submit the completed application and all supporting documentation electronically to the Office of Emergency Communications general email address of Interop@widma.gov. Hard copies of relevant materials may be sent to:

Wisconsin Department of Military Affairs
Office of Emergency Communications
Attn: Statewide Interoperability Coordinator (SWIC)
2400 Wright Street
Madison, WI 53704



COMU Position Qualification Application



State of Wisconsin
Department of Military Affairs
Office of Emergency Communications
DMA- 2103 (R.5/2024)

Department of Military Affairs
2400 Wright Street
Madison, WI 53708
Phone: 608-242-3000

Initial Application **Renewal Status** **Agency Change** **Historical Recognition**

Select State Recognition **OR** NQS Only. A separate application is required for each position.
State Recognition:
(OR)
NQS Only:

Full Name: _____
Agency Name: _____
Agency Address: _____
County: _____
Business Phone: _____
24/7 Phone Number: _____
Email Address: _____

SIGNATURE	DATE
RANK OR TITLE	

Agency Certification (required)

The above-named individual is seeking voluntary recognition in Wisconsin or a recommendation to the Qualification Review Board for the NQS for the above identified COMU position. The person serves the agency as a paid employee or as a volunteer but, in either case, is recognized as an employee for the purposes of Workers Compensation, liability, and all other liability-related protections afforded employees of the agency, when activated for duty.

When the above-named person serves in the COMU position whether within the agency's jurisdiction, or outside, the person serves as an employee/representative of the agency.

I approve the applicant's participation in the Wisconsin Communications Unit Qualification Program in the following response area:

Agency Head or Designee Name & Title: _____
Agency Name: _____
Business Phone: _____
Email Address: _____

SIGNATURE	DATE
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