





# 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/Reciprocal 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 liabilityrelated 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 <u>agent of your agency</u>.
- 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 and Reciprocal Recognition 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 CQRB 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 Communication's general email address of <a href="mailto:lnterop@widma.gov">lnterop@widma.gov</a>. 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



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

State of Wisconsin Department of Military Affairs Office of Emergency Communications DMA- 2103 (R.4/2025)

☐ Initial Application ☐ Renewal	Status Agency Change	Historical/ Reciprocal Recognition					
Select State Recognition <b>OR</b> NQS Only. A separate application is required for each position.  State Recognition:  (OR)  NQS Only:							
Agency Name: Agency Address: County: Business Phone:							
SIGNATURE	DA	ГЕ					
RANK OR TITLE							
Agency Certification (required) The above-named individual is seeking volunt Review Board for the NQS for the above ident employee or as a volunteer but, in either case Compensation, liability, and all other liability-re for duty.	tified COMU position. The per- , is recognized as an employed elated protections afforded em	son serves the agency as a paid e for the purposes of Workers ployees of the agency, when activated					
When the above-named person serves in the person serves as an employee/representative		the agency's jurisdiction, or outside, the					
I approve the applicant's participation in the W response area:	/isconsin Communications Uni	t Qualification Program in the following					
Agency Head or Designee Name & Titl Agency Nam Business Phon Email Addres	e:						
SIGNATURE	DA	NTE					



### COMU Incident/Event/Exercise Experience Record



## This form is required for Historical/Reciprocal/Renewal Recognition and NQS (Certification/Credentialing) Application Submissions

Full Name					
Agency Name					
Position					
For recognition re	enewal, only list	activities for past	five years.		
Incident Name	Location	Date	Position	Incident Type	Duration
SIGNATURE				DATE	