



COMU Position Task Book Evaluator Endorsement Application



Initial Application Renewal Status Agency Change

Select endorsement level being applied for: Evaluator Final Evaluator

Full Name _____

Agency Name _____

Agency Address _____

County _____

Business Phone _____ 24/7 Phone _____

Email Address _____

Rank or Title _____

Signature _____ Date _____

DMA/OEC Use Only

Date Received by/Date _____

Reviewed for Completeness/Date _____

Reviewed by COMU WG / Date _____

WG Recommendation/ Additional Comments _____

LMR Action and Date

Other Comments