

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



Communications Unit
Standard Operating Guidelines
Initial Position Recognition
Application Packet

*Forms 1 and 2 are included within this packet

November 2019

Initial COMU Position Recognition Process

The Wisconsin Communications Unit Recognition Program is a voluntary program intended to provide guidance and minimum standards for the development of Communications Unit positions. This recognition program only applies to Agency and County 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 application type (either initial or historical) for the 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 COMU Position Recognition Application
- 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
- For Historical/Out-of-State Recognition applicants, a completed OEC COMU Form 2 – COMU Incident/Event/Exercise Experience Record is required

Submission

Submit the completed application and all supporting documentation electronically to the Office of Emergency Communications general email address of Interop@wisconsin.gov or send copies to:

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



COMU Position Recognition Application



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

Position being applied for, (separate application is required for each position):

COML COMT INCM INTD RADO AUXC

Full Name _____

Agency Name _____

Agency Address _____

County _____

Business Phone _____ 24/7 Phone _____

Email Address _____

Rank or Title _____

Signature _____ Date _____

Agency Certification

The above-named individual is seeking voluntary recognition in the Wisconsin Communications Unit (COMU) Recognition Program 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 Recognition Program in the following response areas: EMPLOYING AGENCY (Type 5) HOME COUNTY (Type 4)

CAUTIONARY NOTE: For any activities outside of those listed above, the individual must be acting under a statutory mutual aid request, or as authorized and credentialed by an Incident Management Team (IMT) for a regional, statewide or inter-state deployment.

Agency Head or Designee Name and Title _____

Agency Name _____

Business Phone _____

Email Address _____

Signature _____ Date _____

