



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 (required)

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 _____