



# Iowa All-Hazards Communications Unit Credentialing Submission Checklist

Name \_\_\_\_\_  
First Name Middle Initial/Name Last Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Position for which you are applying for credentials (COML, COMT, INTD, etc) \_\_\_\_\_

Rank and/or Working Title \_\_\_\_\_

Agency Name \_\_\_\_\_ 24/7 Phone Number \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Agency Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

- All-Hazards Course Prerequisite Training Completed (Attach Copies of Certificates of Completion or Training Record):
  - ICS 100
  - ICS 200
  - ICS 700
  - ICS 800
  - ICS 300 (*This course is only required for COML credentialing*)

Copy of Certificate of Completion from All-Hazards position training course

- Legible All-Hazards Position Task Book, including the following completed elements:
  - All numbered tasks initialed by appropriate approval authorities
  - Contact information provided for each evaluator at the end of the Task Book
  - Final Evaluator's Verification
  - Iowa Agency Certification

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Submission of Materials

Mail or In Person

Electronic

Iowa Statewide Interoperable Communications System Board (ISICSB)		<a href="mailto:nichols@dps.state.ia.us">nichols@dps.state.ia.us</a>
Attn: SWIC Nichols		
215 E. 7th St.	Des Moines, IA 50319-1902	<b>For Questions, call (515) 725-6091</b>
		Rev. 04/19/2023

For SWIC & ISICSB Use:

\_\_\_\_\_  
Received By Title Date



# Iowa All-Hazards Communications Unit Credentialing Agency Certification

Name \_\_\_\_\_  
First Name Middle Initial/Name Last Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Position for which you are applying for credentials (COML, COMT, INTD, etc.) \_\_\_\_\_

Rank and/or Working Title \_\_\_\_\_

*[Note: Requirements for qualification are described in the Iowa All-Hazards Communications Unit Credentialing Procedure, available online at <https://isicsb.iowa.gov>.*

## Agency Certification

**I certify that the individual named above has met all requirements for qualification in the All-Hazards Communications Unit position specified and that such qualification has been issued.**

Certifying Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Removal of Agency Certification

**Please remove our Agency's certification from the record of the individual named above.**

Authorizing Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mail or In Person

Submission of Materials

Electronic

Iowa Statewide Interoperable Communications System Board (ISICSB)

[nichols@dps.state.ia.us](mailto:nichols@dps.state.ia.us)

Attn: SWIC Nichols

215 E. 7th St. Des Moines, IA 50319-1902

**For Questions, call (515) 725-6091**

Revised 4/19/2023