



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, etcl) _____

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)		nichols@dps.state.ia.us
Attn: SWIC Nichols		
215 E. 7th St. Des Moines, IA 50319-1902	For Questions, call (515) 725-6091	Rev. 04/19/2023

For SWIC & ISICSB Use:

Received By Title Date

Appendix B



Iowa All-Hazards Communications Unit Credentialing Agency Certification

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 _____

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

Revision of 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
 Attn: SWIC Nichols
 215 E. 7th St. Des Moines, IA 50319-1902 **For Questions, call (515) 725-6091** *Revised 4/19/2023*