



APPENDIX A

Iowa All-Hazards Communication Unit Credentialing Agency Certification

AGENCY CERTIFICATION

NAME: _____
First Name Middle Name Last Name

ADDRESS: _____
Agency Name Address City Zip

Contact: _____
Cell phone Work phone Email

Rank (working Title): _____ **Position applying (COMT, COML, INTD etc):** _____

Note: (Requirements for qualification are described in the Iowa All-Hazards Communications Unit Credentialing Procedure - <https://isicb.iowa.gov>)

Position Renewal: ☐ Required every 5 years as described in the Iowa All Hazards Communication Unit Credentialing procedure

>> I CERTIFY THAT THE INDIVIDUAL NAMED ABOVE HAS MET ALL REQUIRMENTS FOR QUALIFICATION IN THE ALL-HAZARDS COMMUNICATIONS UNIT POSITION SPECIFIED AND THAT SUCH QUALIFICATION HAS BEEN ISSUED.

Certifying Official's Signature: _____
Signature Date

NAME: _____
Print: First Name Middle Name Last Name

ADDRESS: _____
Agency Name Address City Zip

Contact: _____
Cell phone Work phone Email

Rank (working Title): _____

REMOVAL OF AGENCY CERTIFICATION

PLEASE REMOVE OUR AGENCY'S CERTIFICATION FROM THE RECORD OF THE INDIVIDUAL NAMED ABOVE.

Authorizing Official's Signature: _____
Signature Date

NAME: _____
First Name Middle Name Last Name

ADDRESS: _____
Agency Name Address City Zip

Contact: _____
Cell phone Work phone Email

Rank (working Title): _____

Iowa Statewide Interoperable Communications System Board (ISICSB)

Attn: SWIC Nichols

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

For Questions, call (515) 725-6091

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