



# 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 COML AUXCOMM

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

Iowa Statewide Interoperable Communications System Board (ISICSB)  
215 E. 7<sup>th</sup> St., Rm 435  
Des Moines, IA 50319-1902 **For Questions, call (515) 725-6108**

#### Electronic

[www.isicsb.iowa.gov](http://www.isicsb.iowa.gov)

Rev. 4/23/2015

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For SWIC & ISICSB Use:

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Received By Title Date