

# **Minnesota Communications Unit Standard Operating Guidelines Forms**



September 20, 2019

# COMU Position Recognition Application

This form is used to apply for, renew, or change status of Communications Unit (COMU) recognition.

## Application Type:

Check the correct box:

- Applying for new recognition
- Renewing recognition
- Change recognition status (e.g. new employer, retirement, etc.)

## Position

- Initial Recognition: Check only one position box
- Recognition Renewal: Check only one position box, unless expiration dates are the same
- Change of Recognition Status: Check all applicable position boxes

## Demographics

- Name: Your full, legal name
- Certifying Agency: The agency providing Workers Compensation and other liability-related protections
- County: If you serve in multiple counties, list them or write "multiple"
- ECB/ESB Region: List the ECB/ESB region in which you serve. If the state, write "state"
- Telephones: The numbers provided will be used to populate or update a federal COMU resource database (CASM)

## Agency Certification

- This section *certifies* you to serve in a COMU position as an agent of your agency.
- This section assures an incident commander that the deployed person is covered by employment-related protections such as workers compensation and liability insurance.
- This section should be completed and signed by an authorized representative from your agency.

## Submission

- The completed form should be submitted to the Emergency Communications/Services Board (ECB/ESB) region where recognition is requested. When regionally approved, the region may forward to the Statewide Interoperability Coordinator for state recognition consideration.
- State employees may submit the form to the SWIC or to an ECB/ESB region. Regional recognition is necessary for inclusion on a regional team.

# COMU Experience Record

## Points

- Using the chart from the Standard Operating Guidelines (SOG), enter the number of points that you believe should be recorded for the event.

## Date

- Enter the date or dates you provided the service or activity.

## Summary

- Summarize the activity by providing information such as:
  - General Summary
  - Location
  - Activity – what specific role did you play at the event?
  - Participants – identify the main agencies participating in the event
  - Who Can Verify – who can verify your activities at the event (name & contact info)?

## Submission

- The completed form should be submitted along with the *COMU Position Recognition Application* and supporting documents to the ECB/ESB region where recognition is requested. When regionally approved, the region may forward to the Statewide Interoperability Coordinator for state recognition consideration.
- State employees may submit the form to the Statewide Interoperability Coordinator (SWIC) or to an ECB/ESB region.

# COMU Position Recognition Application

Application Type:

Initial Application       Renewal       Change of Status

Position:

COML       COMT       INCM  
 INTD       RADO       AECS

Name  
(Last, First Middle)

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Certifying  
Agency

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County      ECB/ESB  
Region

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Agency Address

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24/7      Business  
Telephone      Telephone

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Email Address

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Signature      Date

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## Agency Certification (this section must be completed even if PTB Agency Certification form was completed)

The above named individual seeking state recognition for the above identified COMU position(s) is recognized by the above named agency in that 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(s), whether within the agency's jurisdiction, or outside, the person serves as an employee/representative of the agency providing the Agency Certification.

Name & Title

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Agency

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Signature      Date

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## Regional Recognition

The ECB/ESB region has reviewed the request for state recognition and supports state recognition of this person.

Name & Title      Region

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Signature      Date

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## SECB Interoperability Committee & Statewide Interoperability Coordinator (SWIC) Recognition

The SECB Interoperability Committee and the SWIC have reviewed and approved this request for state recognition.

SWIC  
Signature      Date

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# COMU Experience Record

Name  
(Last, First Middle)

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Agency \_\_\_\_\_ ECB/ESB  
Region \_\_\_\_\_

- Position:
- COML                       COMT                       INCM
- INTD                       RADO                       AECS

**Detail activities below and attach supporting documents (use multiple lines or pages, as necessary).**

POINTS	DATE(S)	SUMMARY (location, activity, participants, who can verify, general summary)

I certify that the above information is an accurate portrayal of my participation in the activities.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

