



OKLAHOMA OFFICE OF HOMELAND SECURITY

Communications Unit (COMU)

COMU APPLICATION

Name		Agency		Title	
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Application Type (Mark all that apply)

PTB = Position Task Book; SQ = State Qualification

Profile Update	Course Enrollment	Open PTB	SQ Approval	SQ Renewal
Required attachments: <ul style="list-style-type: none">None	Required attachments: <ul style="list-style-type: none">Prerequisites listed on agency course registration page	Required attachments: <ul style="list-style-type: none">FEMA course certificateComplete PTB page 1 <small>NOTE: Active-Deployable status required</small>	Required attachments: <ul style="list-style-type: none">Completed PTBICS docs* for at least 2 PTB deployments <small>NOTE: Active-Deployable status required</small>	Required attachments: <ul style="list-style-type: none">ICS docs* for at least 1 deployment <small>NOTE: Active-Deployable status required</small>

* See PTB Guidance and PTB "Tips for Success" for required ICS documentation and additional requirements regarding qualifying deployments and activities.

Personal Information (Leave no blanks, use "N/A")

☐ No changes since last Application

Email Addresses	Phone Numbers	Agency Mailing Address
Agency	Agency	Number/Street
Personal	Carrier (if cell)	City
	Carrier (if cell)	County

Program Information (Leave no blanks, use "N/A")

☐ No changes since last Application

Other Technical Skills	Specialized equipment, skills, training, and certifications, etc., that might be useful for COMU activities. Attach additional pages as needed.	Amateur Radio	Call sign N T G A E License class (circle ONE)
Status (mark one)	Active-Deployable. (Required to Open PTB or apply for SQ Approval/Renewal) Your agency head certifies by signing below you are authorized to participate in COMU activities as available, and while doing so you will be covered by your home agency's Worker's Compensation coverage. NOTE: You cannot sign your own form; if you are an Agency Head, your supervisor (e.g., City Manager, Chairman of Board) must sign.		
	Agency Head Signature: _____ Signature _____ Print Name _____ Title _____		
	Active-Local Only. You will still receive COMU updates. While you will not receive COMU deployment requests, you may be contacted to support COMU activities in your local jurisdiction. Agency Head signature not required.		
Inactive. You will be placed on our "Inactive" roster and will no longer receive COMU updates or deployment requests.			

Applicant Certification

Applicant	I understand that my information will be placed on rosters and distribution lists in support of COMU operations, including the Communications Assets Survey & Mapping (CASM) tool.	Signature _____	Date _____
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Please e-mail a single PDF of your completed Form and required attachments to sean.douglas@okohs.ok.gov.