



California Regional All-Hazards Communications Unit Recognition 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 recognition _____

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 700

ICS 800

ICS 100

ICS 200

ICS 300 (*This course is only required for COML recognition*)

Copy of Certificate of Completion from All-Hazards position training course

Additional documentation for deployment history

Legible All-Hazards Position Taskbook, including the following completed elements:

All numbered tasks initialed by appropriate approval authorities

For ICWG Use:

Received By

Title

Date

- Contact information provided for each evaluator at the end of the Taskbook
- Final Evaluator's Verification
- California Agency Certification

Applicant Name _____

Applicant Signature _____ Date _____

Submission of Materials

Mail or In Person

Statewide Interoperability Coordinator (SWIC)
Cal OES Public Safety Communications
601 Sequoia Pacific Blvd, MS-911
Sacramento, CA 95811

Electronic

SWIC@CalOES.ca.gov

For Questions, call (916) 894-5014

For ICWG Use:

Received By *Title* *Date*