Name:

Rank and/or Title:

Address:

City:

State: Zip Code:

Telephone: Email:

COMU Position being applied for: COMT  COML 

Description of Multi-jurisdictional/Multi-agency Incident, Event, Exercise or Training

Incident Date: Location:

K

K

Incident Commander: Telephone:

COMU Position Assigned:

Planned Event Date: Location:

Event Leader: Telephone:

COMU Position Assigned:

Exercise Date: Location:

Exercise Leader: Telephone:

COMU Position Assigned:

Training Date: Location:

Course Name: (Attach certificate if available)

Instructor:

Attach supporting documents including but not limited to: Incident Action Plan, Organizational Charts, ICS-204, ICS 205, ICS 217A forms.

(This form is used to document each ongoing, realistic, and verifiable training)