



**COML Course Application and Prerequisites Certification Form**

Applicant Name: \_\_\_\_\_

Applicant Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**Required Prerequisites to Be Completed Prior to Taking COML Course**

1. A public safety communications background with exposure to field operations; this experience should be validated by the authority who supervised the applicant.

2. Fundamental public safety communications technology, supervisory, and personnel management skills. These include, but are not limited to:

- Knowledge of local communications and communications system
- Frequencies and spectrum
- Technologies
- Knowledge of local topography
- Knowledge of system site locations including knowledge of local, regional, and state communications plans, and knowledge of local and regional Tactical Interoperable Communications Plans, if available
- Communications and resource contacts

3. Completion of the following training courses:

- IS-700. IS-700 explains the purpose, principles, key components, and benefits of the NIMS. The course also contains Planning Activity screens, allowing participants to complete planning tasks during this course.
- IS-800b. IS-800b introduces participants to concepts and principles of the National Response Framework.
- ICS-100. ICS-100 introduces ICS, provides the foundation for higher level ICS training, describes ICS history, features, principles, and organizational structure, and the relationship between the ICS & NIMS.
- ICS-200. ICS-200 provides training on, and resources for, personnel who are likely to assume a supervisory position within ICS.
- ICS-300. ICS-300 provides training on, and resources for, personnel who are required to implement advanced application of the ICS.

Certification: By checking the box following each of the above twelve specific items, I certify that the applicant meets the prerequisites for the All-Hazards Type 3 COML Course. Note: **Applicant can not self-certify.**

\_\_\_\_\_  
Signature & Title Date

Certifying Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_