



**15. Appendix A: Recognition Application**

Initial Application     Renewal / Change in Status     Reinstatement

POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_

(Note: Separate applications must be submitted for each position applied for)

NAME \_\_\_\_\_

AGENCY \_\_\_\_\_

EMHSD REGION \_\_\_\_\_ COUNTY \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_

\_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_ 24 / 7 PHONE \_\_\_\_\_

CONTACT E-MAIL ADDRESS \_\_\_\_\_

APPLICANT'S RANK/TITLE \_\_\_\_\_

\_\_\_\_\_

APPLICANT'S SIGNATURE

DATE

=====

I approve the applicant's participation in the Michigan Communications Unit Program in the following response areas.

AGENCY     COUNTY     REGION     STATEWIDE     EMAC/OUT-OF-STATE

\_\_\_\_\_

AGENCY HEAD OR DESIGNEE SIGNATURE AND TITLE

DATE

\_\_\_\_\_

AGENCY HEAD OR DESIGNEE NAME (printed)

AGENCY



**16. Appendix B: Incident/Event/Exercise Experience Record**

**Experience Record For Renewal Only (LAST 5 YEARS)**

Incident Name	Location	Date	Position	Incident Type	Duration

Attach the following:	
<input type="checkbox"/>	Copy of ICS 201 Briefing Form or IAP
<input type="checkbox"/>	Copy of ICS 205 Incident Radio Communications Plan

I have attached copies of my certificates from the required training (ICS 100, 200, 300, 400, 700, 800 for COML)