Application Form OMB Control # 0648-0419 Expires 06/30/2006

| Community Information                      |                    |                 |             |           |  |  |
|--|--------------------|-----------------|-------------|-----------|--|--|
| County/City/Town                           |                    | Population      |             |           |  |  |
| Primary Point of Contact                   | Secondary          | Point of Contac | ;t          |           |  |  |
| Name                                       | Name               |                 |             |           |  |  |
| Office                                     | Office             |                 |             |           |  |  |
| Title                                      | Title              |                 |             |           |  |  |
| Mailing<br>Address                         | Mailing<br>Address |                 |             |           |  |  |
| City                                       | City               |                 |             |           |  |  |
| State; ZIP                                 | State; ZIP         |                 |             |           |  |  |
| Phone                                      | Phone              |                 |             |           |  |  |
| e-mail                                     | e-mail             |                 |             |           |  |  |
| Guideline 1: Comm                          | unications         |                 |             |           |  |  |
| Location of 24-Hour Warning Point          | Location of        | f Emergency Op  | erations Co | enter     |  |  |
|  |                    |                 |             |           |  |  |
| Verification Team General Notes:           |                    |                 |             |           |  |  |
|  |                    |                 |             |           |  |  |
|  |                    |                 |             |           |  |  |
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| Renewal Comments:                          |                    |                 |             |           |  |  |
|  |                    |                 |             |           |  |  |
|  |                    | Date            | <u>e:</u>   | Initials: |  |  |
| Note: Please do not write in shaded areas. |                    |                 |             |           |  |  |

## Department of Commerce National Oceanic & Atmospheric Administration National Weather Service

StormReady TsunamiReady

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| Guideline 2: NWS Information Reception Equipment                                   |         |   |       |  |  |  |  |
|--|---------|---|-------|--|--|--|--|
| Warning Point # Required # Verif   | Verif   | EOC # Required # Verif                      | Verif |  |  |  |  |
| NOAA Weather Radio (Required if in range)  |         | □ NOAA Weather Radio (Required if in range) |       |  |  |  |  |
| NOAA Weather Wire (Subscription)   |         | □ NOAA Weather Wire (Subscription)          |       |  |  |  |  |
|  |         |   |       |  |  |  |  |
| □ Law Enforcement Teletype (LETS)  |         | □ Law Enforcement Teletype (LETS)           |       |  |  |  |  |
| Amateur Radio  |         | Amateur Radio                               |       |  |  |  |  |
| Pagers* (Warning reception)  |         | Pagers* (Warning reception)                 |       |  |  |  |  |
| □ Television (Local network or cable TV)   |         | □ Television (Local network or Cable TV)    |       |  |  |  |  |
| □ Radio (AM/FM) - EAS reception  |         | □ Radio (AM/FM) - EAS Reception             |       |  |  |  |  |
| □ NAWAS  |         | □ NAWAS                                     |       |  |  |  |  |
| □ Internet (Subscription for alerts)   |         | □ Internet (Subscription for alerts)        |       |  |  |  |  |
| Commercial Data Service  |         | Commercial Data                             |       |  |  |  |  |
| □ Other*   |         |   |       |  |  |  |  |
| Other*   |         |   |       |  |  |  |  |
| List any additional ca   | pabilit | ies on a separate sheet                     |       |  |  |  |  |
| *Capabilities needing explanation:   |         |   |       |  |  |  |  |
|  |         |   |       |  |  |  |  |
|  |         |   |       |  |  |  |  |
|  |         |   |       |  |  |  |  |
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| Verification Team Notes:   |         |   |       |  |  |  |  |
|  |         |   |       |  |  |  |  |
|  |         |   |       |  |  |  |  |
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| Renewal Comments:  |         |   |       |  |  |  |  |
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| Date:     Initials:       Note: Please do not write in shaded areas.     Initials: |         |   |       |  |  |  |  |

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StormReady TsunamiReady

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| Guideline 3: Local Weather & Water Monitoring Equipment |          |                           |       |  |  |  |  |
|---|----------|---------------------------|-------|--|--|--|--|
| Warning Point # Required # Verif                        | Verif    | EOC # Required # Verif    | Verif |  |  |  |  |
| Anemometer (Wind gauge)                                 |          | Anemometer (Wind gauge)   |       |  |  |  |  |
| □ Rain Gauge  |          | □ Rain Gauge              |       |  |  |  |  |
| □ River Gauge   |          | □ River Gauge             |       |  |  |  |  |
| Locally owned Radar                                     |          | Locally owned Radar       |       |  |  |  |  |
| Internet Radar Source                                   |          | Internet Radar Source     |       |  |  |  |  |
| Internet Weather Station                                |          | Internet Weather Station  |       |  |  |  |  |
| TV Radar Source   |          | TV Radar Source           |       |  |  |  |  |
| □ Other*  |          | □ Other*                  |       |  |  |  |  |
| □ Other*  |          | □ Other*                  |       |  |  |  |  |
| List any additional                                     | capabili | ities on a separate sheet |       |  |  |  |  |
| *Capabilities needing explanation:                      |          |                           |       |  |  |  |  |
|   |          |                           |       |  |  |  |  |
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| Verification Team Notes:                                |          |                           |       |  |  |  |  |
|   |          |                           |       |  |  |  |  |
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| Renewal Comments:                                       |          |                           |       |  |  |  |  |
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| Note: Please do not write in shaded areas.              |          |                           |       |  |  |  |  |

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| Guideline 4: Local Warning Dissemination   |          |   |       |  |  |  |
|--|----------|---|-------|--|--|--|
| Warning Point # Required # Verif           | Verif    | EOC # Required # Verif                  | Verif |  |  |  |
| Outdoor Warning Siren(s)                   |          | Outdoor Warning Siren(s)                |       |  |  |  |
| Cable TV Override                          |          | Cable TV Override                       |       |  |  |  |
| Plan for Sirens on Emergency Vehicles      |          | Plan for Sirens on Emergency Vehicles   |       |  |  |  |
| Local Alert Broadcast System*              |          | Local Alert Broadcast System*           |       |  |  |  |
| Local Pager System* (For dissemination)    |          | Local Pager System* (For dissemination) |       |  |  |  |
| Telephone Tree to Critical Facilities      |          | Telephone Tree to Critical Facilities*  |       |  |  |  |
| Coordinated Area-Wide Radio Network*       |          | Coordinated Area-Wide Radio Network*    |       |  |  |  |
| Local Flood Warning System*                |          | Local Flood Warning System*             |       |  |  |  |
| Other*                                     |          | Other*                                  |       |  |  |  |
| □ Other*                                   |          | Other*                                  |       |  |  |  |
| List any additional                        | capabili | ties on a separate sheet                |       |  |  |  |
| *Capabilities needing explanation:         |          |   |       |  |  |  |
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| Verification Team Notes:                   |          |   |       |  |  |  |
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| Renewal Comments:                          |          |   |       |  |  |  |
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| Note: Please do not write in shaded areas. |          |   |       |  |  |  |

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| Local Government-Owned Buildings in Which Public Traffic is Common |                     |                                  |       |       |           |
|--|---------------------|----------------------------------|-------|-------|-----------|
| Office   | Location or Address | Tone Alert NOAA<br>Weather Radio | Verif | Con   | nments    |
| Warning Point  |                     |                                  |       |       |           |
| EOC  |                     |                                  |       |       |           |
| City Hall  |                     |                                  |       |       |           |
| School Superintendent  |                     |                                  |       |       |           |
|  |                     |                                  |       |       |           |
|  |                     |                                  |       |       |           |
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| Verification Team Notes:   |                     |                                  |       |       |           |
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|  |                     |                                  |       |       |           |
|  |                     |                                  |       |       |           |
| Renewal Comments:  |                     |                                  |       |       |           |
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|  |                     |                                  |       | Date: | Initials: |
| Noto: Places de not write in che                                   |                     |                                  |       |       | -         |

Note: Please do not write in shaded areas.

| 2  | Guideline 5: Community Preparedness  |   |  |                                   |              |       |  |
|--|--|---|--|-----------------------------------|--------------|-------|--|
| 1  |  |   | Annual Safe                                    | ety Talks # Required_             | # Verif      |       |  |
| 2  |  | Date  | Торіс  | Location                          | Spea         | ker   |  |
| 3  | 1  |   |  |                                   |              |       |  |
| 4  | 2  |   |  |                                   |              |       |  |
| 5       Image: constraint of the second | 3  |   |  |                                   |              |       |  |
| List any additional safety talks on a separate sheet         Community Tsunami Awareness Program       Verif         Designate/establish tsunami shelter/area in safe zone.  | 4  |   |  |                                   |              |       |  |
| Community Tsunami Awareness Program       Verif         Designate/establish tsunami shelter/area in safe zone.   | 5  |   |  |                                   |              |       |  |
| Designate/establish tsunami shelter/area in safe zone.   Designate /establish tsunami shelter/area in safe zone.   Designate tsunami evacuation areas and evacuation routes, and install evacuation route signs.   Provide written, locally specific tsunami hazard response material to public.   Encourage schools to implement a tsunami hazard curriculum, practice evacuations, and provide safety material to staff and students.   Number of annual tsunami awareness campaigns:   Weather Radio Purchase Program   Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes No   If yes, provide details:   Other Community Preparedness Activities   Date   Activity   Location   Organizer   1   2   |  |   | List any additional safety tal                 | ks on a separate sheet            |              |       |  |
| Designate tsunami evacuation areas and evacuation routes, and install evacuation route signs.       Image: Content of the sign of the  |  |   | Community Tsunami Aware                        | eness Program                     |              | Verif |  |
| Provide written, locally specific tsunami hazard response material to public.       Image: Constraint of the state of the |  | Designate/esta  | blish tsunami shelter/area in safe zone.       |                                   |              |       |  |
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| material to staff and students.     Number of annual tsunami awareness campaigns:     Weather Radio Purchase Program     Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes No     If yes, provide details:     Date   Activity   Location   Organizer   1   2   |  | Provide written   | , locally specific tsunami hazard response mat | erial to public.                  |              |       |  |
| Weather Radio Purchase Program         Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes No         If yes, provide details:         Other Community Preparedness Activities         Date       Activity       Location       Organizer         1   | Encourage schools to implement a tsunami hazard curriculum, practice evacuations, and provide safety material to staff and students. |   |  |                                   |              |       |  |
| Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME)<br>equipped Weather Radios for its citizens? (Not required) Yes No<br>If yes, provide details:<br>Other Community Preparedness Activities           Date         Activity         Location         Organizer           1   | Number of annual tsunami awareness campaigns:  |   |  |                                   |              |       |  |
| equipped Weather Radios for its citizens? (Not required) Yes No         If yes, provide details:         Other Community Preparedness Activities         Date       Activity       Location       Organizer         1  |  | Weather Radio Purchase Program  |  |                                   |              |       |  |
| Other Community Preparedness Activities       Date     Activity     Location     Organizer       1   |  | Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes No |  |                                   |              |       |  |
| Date     Activity     Location     Organizer       1   | If yes, provide details:   |   |  |                                   |              |       |  |
| Date     Activity     Location     Organizer       1   |  |   |  |                                   |              |       |  |
| 1  |  |   | Other Community Prep                           | aredness Activities               |              |       |  |
| 2  |  | Dit   | Activity                                       | Location                          | Organize     | r     |  |
|  |  | Date  | ,  |                                   |              |       |  |
| 3  | 1  | Date  |  |                                   |              |       |  |
|  | 1<br>2   |   |  |                                   |              |       |  |
| List any additional activities on a separate sheet   |  |   |  |                                   |              |       |  |
| Renewal Comments:  | 2  |   |  | s on a separate sheet             |              |       |  |
|  | 2<br>3   |   |  | s on a separate sheet             |              |       |  |
| Date:  | 2<br>3   |   |  | s on a separate sheet             |              |       |  |
| Date: Initials:  | 2<br>3   |   |  | s on a separate sheet             | Date: Initia | als:  |  |

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| Guideline 6                                       | : Administrative Tools/Record Kee  | ping                 |                         | Verif     | Renewal                 |
|---|--|----------------------|-------------------------|-----------|-------------------------|
| < Proced  | nami Hazard and Hazardous Weather Operations F<br>ure for reporting storm/tsunami damage to the loca<br>er Service Office in real-time | -                    | ] Yes<br>] Yes          |           | □ Yes<br>□ Yes          |
| < EOC A<br>< Spotter                              | Activation Procedures<br>Activation Criteria<br>/arning System(s) Activation Criteria  |                      | ] Yes<br>] Yes<br>] Yes |           | □ Yes<br>□ Yes<br>□ Yes |
| Warning Po  | nt personnel has authority to activate Warning Sys   | tem (written)        | ] Yes                   |           | □ Yes                   |
| Spotter Ros                                       | ter and Training Record  |                      | ] Yes                   |           | □ Yes                   |
| Last Visit by                                     | Emergency Manager to NWS Office  |                      |                         | Biennial  |                         |
| Last Visit by                                     | NWS Officials to Community   |                      |                         | Annual    |                         |
| Last NWS S  | potter Training for Spotters and Dispatchers   |                      |                         | Biennial  |                         |
| Last NWS S  | potter Training Hosted/Co-Hosted (For populations  | s >40,000)           |                         | Annual    |                         |
| Exercises   | Topic(s):  | <u>D</u> a           | ate:                    |           | <u>Date:</u>            |
|   | List any additional descriptions, narratives, or do  | ocumentation on a se | eparate sh              | eet       |                         |
| Verification Team                                 | Notes:   |                      |                         |           |                         |
|   |  |                      |                         |           |                         |
|   |  |                      |                         |           |                         |
|   |  |                      |                         |           |                         |
| Renewal Comme                                     | nts:   |                      |                         |           |                         |
|   |  |                      | 1                       |           |                         |
|   |  |                      | Date:                   | <u>In</u> | <u>tials:</u>           |
| Signature of Applying Official                    |  |                      |                         |           |                         |
| Application Subn                                  | itted by (print name):   |                      |                         |           |                         |
| Office:   |  | <u>Title:</u>        |                         |           |                         |
| <u>Signature:</u>                                 | Signature: Date:   |                      |                         |           |                         |
| NWS Personnel Receiving Application (print name): |  |                      |                         |           |                         |
| Date Received:                                    |  |                      |                         |           |                         |
| Note: Pleas                                       | e do not write in shaded areas.  |                      |                         |           |                         |



| Site Verification Team Signatures                 |               |  |  |  |  |
|---|---------------|--|--|--|--|
| Print Name:                                       |               |  |  |  |  |
| Office:   | <u>Title:</u> |  |  |  |  |
| Signature:  | Date:         |  |  |  |  |
| Print Name:                                       |               |  |  |  |  |
| Office:   | <u>Title:</u> |  |  |  |  |
| Signature:  | Date:         |  |  |  |  |
| Print Name:                                       |               |  |  |  |  |
| Office:   | <u>Title:</u> |  |  |  |  |
| <u>Signature:</u>                                 | Date:         |  |  |  |  |
| Print Name:                                       |               |  |  |  |  |
| Office:   | <u>Title:</u> |  |  |  |  |
| Signature:  | <u>Date:</u>  |  |  |  |  |
| Signature in Renewal Year                         |               |  |  |  |  |
| Application Submitted by: (print name):           |               |  |  |  |  |
| Office:   | <u>Title:</u> |  |  |  |  |
| Signature:  | <u>Date:</u>  |  |  |  |  |
| NWS Personnel Receiving Application (print name): |               |  |  |  |  |
| Date Received:                                    |               |  |  |  |  |