

**New Hampshire Department of Safety
COMT Application**



Last Name

First Name

Job Title

Amateur License Type

Agency Name

Call Sign

Agency Address (Street, City/Town, State, Zip Code)

County

Email

Work Phone

Cell Phone

Pre-requisites

*Copies of prerequisite documentation which verify the applicant has met the prerequisites and are eligible to participate in the course must be submitted along with the application.
Registration is not complete until all documentation has been received and verified.*

IS-100

IS-200

IS-700

IS-800