



TsunamiReady® Supporter Application

Contact Information			
Applicant Entity Name:		Peak # Occupants:	
Primary Point of Contact		Secondary Point of Contact	
Name:		Name:	
Office:		Office:	
Title:		Title:	
Mailing Address:		Mailing Address:	
City:		City:	
State, ZIP:		State, ZIP:	
Phone:		Phone:	
Email Address:		Email Address:	
Location of Communications Center (if applicable):			
Notes			
<i>Please do not write in shaded areas.</i>			

Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Rocky Lopes, National Weather Service, 1325 East West Highway, Room 13-121, Silver Spring, MD, 20910.

Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.



TsunamiReady Supporter Criteria* (Check all that apply)			
1. Have Ways to Receive Tsunami Messages (at least two, one should include warnings, advisories, and watches)	<input type="checkbox"/> NOAA Weather Radio <input type="checkbox"/> TV/cable <input type="checkbox"/> Radio <input type="checkbox"/> Private providers <input type="checkbox"/> Wireless Emergency Alerts (warnings only) <input type="checkbox"/> Email/text notifications	Other (list below)	Verified <input type="checkbox"/>
	Hours messages monitored (at least when entity is occupied):		
2. Have Ways to Communicate Tsunami Messages (at least two, should include warnings and advisories, at least)	<input type="checkbox"/> Public address <input type="checkbox"/> Sirens <input type="checkbox"/> Email/text notifications <input type="checkbox"/> Phone <input type="checkbox"/> Door-to-door	Other (list below)	Verified <input type="checkbox"/>
	Hours messages issued (at least when entity is occupied):		
3. Make Tsunami Hazard or Evacuation Zone Map Available	<input type="checkbox"/> Posted in central location (at least one per occupied building) <input type="checkbox"/> Posted throughout entity <input type="checkbox"/> Distributed <input type="checkbox"/> Available online (e.g., intranet or website)	Other (list below)	Verified <input type="checkbox"/>
	Date of most current map:		
	Map provider:		
4. Conduct Tsunami Awareness and Preparedness Activities for: <input type="checkbox"/> Staff <input type="checkbox"/> Residents <input type="checkbox"/> Visitors <input type="checkbox"/> Others (list):	<input type="checkbox"/> Annual major outreach/education activity (at least one, should include staff) <input type="checkbox"/> Other outreach/education activities Drills and exercises <input type="checkbox"/> Tsunami evacuation drill <input type="checkbox"/> Participate in community tsunami exercise	Other (list below)	Verified <input type="checkbox"/>
5. Have Tsunami Response Plan with Evacuation Instructions	<input type="checkbox"/> Print copy available <input type="checkbox"/> Electronic copy available <input type="checkbox"/> Print copy posted in common area	Other (list below)	Verified <input type="checkbox"/>
Describe additional activities entity does to support TsunamiReady program goals:			Verified <input type="checkbox"/>

*For more information about these criteria refer to the "TsunamiReady Supporter Information" available at <http://www.tsunamiready.noaa.gov/supporters.shtml>.



Signature of Applying Official			
Name of Applying Entity:			
Name of Applying Official:		Title:	
Signature:		Date:	
NWS Personnel Receiving Application (print name):		Date Received:	
NWS Approver Signature			
NWS Office:			
Print Name:		Title:	
Signature:		Date:	
NWS Signature in Renewal Year			
Name of Renewing Official:		Title:	
NWS Office:			
NWS Personnel Receiving Renewal Request (print name):		Date Received:	
NWS Approver (print name):		Title:	
Signature:		Date:	