**TsunamiReady® Supporter Application**

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| **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 | | | | | | | |
| *Please do not write in shaded areas.* | | | | | | | |

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 Mike Angove, National Weather Service, 1325 East West Highway, Room 13-110, 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.

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

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

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| **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: |  | |