



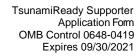
## TsunamiReady® Supporter Application

| Contact Information                  |  |  |                            |                   |  |  |  |
|--------------------------------------|--|--|----------------------------|-------------------|--|--|--|
| Applicant Entity Name:               |  |  |                            | Peak # Occupants: |  |  |  |
| Primary Point of Contact             |  |  | Secondary Point of Contact |                   |  |  |  |
| Name:                                |  |  | Name:                      |                   |  |  |  |
| Office:                              |  |  | Office:                    |                   |  |  |  |
| Title:                               |  |  | Title:                     |                   |  |  |  |
| Mailing<br>Address:                  |  |  | Mailing<br>Address:        |                   |  |  |  |
| City:                                |  |  | City:                      |                   |  |  |  |
| State, ZIP:                          |  |  | State, ZIP:                |                   |  |  |  |
| Phone:                               |  |  | Phone:                     |                   |  |  |  |
| Email Address:                       |  |  | Email Address              | s:                |  |  |  |
| Location of Con<br>Center (if applic |  |  |                            | ·                 |  |  |  |
| 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 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.

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

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

Department of Commerce National Oceanic & Atmospheric Administration National Weather Service



TsunamiReady Supporter Application Form OMB Control 0648-0419 Expires 09/30/2021

| Signature of Applying Official                              |            |  |                   |  |  |  |  |
|---|------------|--|-------------------|--|--|--|--|
| Name of Applyi  | ng Entity: |  |                   |  |  |  |  |
| Name of Applying Official:                                  |            |  | Title:            |  |  |  |  |
| Signature:  |            |  | Date:             |  |  |  |  |
| NWS Personne<br>Application (prin                           |            |  | Date<br>Received: |  |  |  |  |
| NWS Approver Signature                                      |            |  |                   |  |  |  |  |
| NWS Office:   |            |  |                   |  |  |  |  |
| Print Name:   |            |  |                   |  |  |  |  |
| Signature:  |            |  | Date:             |  |  |  |  |
| NWS Signature in Renewal Year                               |            |  |                   |  |  |  |  |
| Name of Renewing Official:                                  |            |  | Title:            |  |  |  |  |
| NWS Office:   |            |  |                   |  |  |  |  |
| NWS Personnel Receiving<br>Renewal Request (print<br>name): |            |  | Date<br>Received: |  |  |  |  |
| NWS Approver (print name):                                  |            |  | Title:            |  |  |  |  |
| Signature:  |            |  | Date:             |  |  |  |  |

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