Print Form

Department of Commerce
National Oceanic &
Atmospheric Administration
National Weather Service

StormReady
NATIONAL WEATHER SERVICE

Application Form

OMB Control # 0648-0419
Expires 08/31/2012

Community Information			
County/City/Town		**Population**	

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	
e-mail		e-mail	

Guideline 1:	**Communications**
Location of 24-Hour Warning Point	**Location of Emergency Operations Center**

Verification Team General Notes:		
Renewal Comments:		
	Date:	Initials:

Note: Please do not write in shaded areas.

Public reporting burden for this collection of information is estimated to average two hours 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 Donna Franklin, National Weather Service, 1325 East West Highway, Room 14456, Silver Spring, MD, 20910.

Statement on confidentiality. 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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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)	☐
☐ EMWIN	☐	☐ EMWIN	☐
☐ 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 Station (AM/FM) - EAS Reception	☐	☐ Radio Station (AM/FM) - EAS Reception	☐
☐ NAWAS	☐	☐ NAWAS	☐
☐ Internet (subscription for alerts)_____	☐	☐ Internet (subscription for alerts)_____	☐
☐ Commercial Data Service_____	☐	☐ Commercial Data Service_____	☐
☐ Other*_____	☐	☐ Other*_____	☐
☐ Other*_____	☐	☐ Other*_____	☐

List any additional capabilities on a separate sheet

*Capabilities needing explanation:

Verification Team Notes:

Renewal Comments:

	Date:	Initials:

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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 capabilities on a separate sheet			

*Capabilities needing explanation:

Verification Team Notes:

Renewal Comments:

	Date:	Initials:

Note: Please do not write in shaded areas.

Guideline 4:	Local Warning Dissemination		
Warning Point # Required____ # Verif_____	Verified	**EOC** # Required_____ # Verif_____	Verified
☐ 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	☐
☐ Telephone Tree to Critical Facilities	☐	☐ Telephone Tree to Critical Facilities	☐
☐ Local Alert Broadcast System*	☐	☐ Local Alert Broadcast System*	☐
☐ Local Pager System* (dissemination)	☐	☐ Local Pager System* (dissemination)	☐
☐ Coordinated Area-Wide Radio Network*	☐	☐ Coordinated Area-Wide Radio Network*	☐
☐ Local Flood Warning System*	☐	☐ Local Flood Warning System*	☐
☐ Other*_____	☐	☐ Other*_____	☐
☐ Other*_____	☐	☐ Other*_____	☐

Renewal Comments:

Date: Initials:

Note: Please do not write in shaded areas.

Local Government-Owned Buildings in Which Public Traffic is Common				
Office	Location or Address	Tone Alert NOAA Weather Radio	Verif	Comments
Warning Point		☐	☐	
EOC		☐	☐	
City Hall		☐	☐	
School Superintendent		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

Verification Team Notes:

Renewal Comments:

Date: Initials:

Note: Please do not write in shaded areas.

Guideline 5:	**Community Preparedness**

Annual Safety Talks # Required_____ # Verif_____

	Date	Topic	Location	Speaker
1				
2				
3				
4				
5				

List any additional safety talks on a separate sheet

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				
3				
4				
5				

List any additional activities on a separate sheet

Renewal Comments:

Date: Initials:

Note: Please do not write in shaded areas.

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Guideline 6:	**Administrative Tools/Record keeping**		Verif	Renewal Year
Formal Hazardous Weather Operations Plan ➢ Procedure for reporting storm damage to the local National Weather Service Office in real-time ➢ EOC Activation Procedures ➢ Spotter Activation Criteria ➢ Local Warning System(s) Activation Criteria			☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
Warning Point personnel has authority to activate Warning System (written)		☐	☐	☐
Spotter Roster and Training Record		☐	☐	☐
Last Visit by Emergency Manager to NWS Office			☐ Biennial	☐
Last Visit by NWS Officials to Community			☐ Annual	
Last NWS Spotter Training for Spotters and Dispatchers			☐ Biennial	
Last NWS Spotter Training Hosted/Co-Hosted *(For populations >40,000)*			☐ Annual	
Exercises	Topic(s):	Date:	☐	Date: Date:

List any additional descriptions, narratives, or documentation on a separate sheet

Verification Team Notes:

Renewal Comments:

Date: Initials:

Signature of Applying Official

Application Submitted by: (print name):

Office:	Title:
Signature:	Date:

NWS Personnel Receiving Application (print name):

Date Received:

Note: Please do not write in shaded areas.

Site Verification Team Signatures	
Print Name:	
Office:	Title:
Signature:	Date:
Print Name:	
Office:	Title:
Signature:	Date:
Print Name:	
Office:	Title:
Signature:	Date:
Print Name:	
Office:	Title:
Signature:	Date:

Signature in Renewal Year	
Application Submitted by: (print name):	
Office:	Title:
Signature:	Date:
NWS Personnel Receiving Application (print name):	
Date Received:	