Appendix A – Exhibits

Form Link
Interagency forms: http://www.nifc.gov/nicc/logistics/coord_forms.htm
OES web page: www.calema.ca.gov

Chapter 10

- Resource Extension Request form – page 2 170

Chapter 20

- FC 106 Intercom Script – page 5 171
- Fire Class and Size Chart – page 11 174
- Resource Order Form – page 7 175
- Resource Order Continuation Form 176
- Emergency Release Form – page 8 177

Chapter 60

- OES Name Request Justification form – page 121 178
- Preparedness/Detail Request form – page 121 179

Chapter 70

- California Frequency Tones – page 141 180
- National Mobile Food Service/Shower Unit request form – page 142 181

Chapter 80

- Incident Aircraft Certification Form – page 146 182
- FC 106 Intercom Script – page 147 171
- Aircraft Flight Request form (FS 9400-1a) – page 148 183
- Fire Traffic Area (FTA) graphic – page 151 184
- Interagency Request for Temporary Flight Restriction (FAR Part 91.137) – page 159 185
- Passenger and Cargo Manifest – page 160 186
- Infrared Aircraft Scanner Order – page 156 187
- Documentation of Contacts Requesting Deconfliction of Airspace by the Military form – page 159 188

Resource Extension Request Form

Resource Extension Request Form

RESOURCE and INCIDENT INFORMATION:

Resource Name: _____

Incident Name: _____ Incident #: _____ Request #: _____

Position on Incident: _____

EXTENSION INFORMATION:

Prior to any extension consider the health, readiness and capability of the resource. The health and safety of incident personnel and resources will not be compromised under any circumstances.

Length of Extension and last work day:

Justification (Select from the list below):

- ☐ Life and property are imminently threatened,
- ☐ Suppression objectives are close to being met, or
- ☐ Replacement resources are unavailable or have not yet arrived.

REQUESTED BY* :

Incident Supervisor: _____ Incident Position: _____

1) Resource or Resource Supervisor: _____

2) Incident Commander or Deputy: _____

3) Host GACC Coordinator on Duty: _____

4) Home Unit Supervisor: _____

5) Sending GACC Coordinator on Duty: _____

6) NICC (only if National Resource): _____

*Signatures should be gathered in the order they are numbered above

December 2011

FC 106 Intercom Script

All requests for agency initial attack and immediate need extended attack aircraft will be ordered through the GACC via the Intercom. The script below will be used to ensure all required information is conveyed in a standard format.

New Order
When aircraft is requested via the intercom it is assumed they are being requested for a wildland fire.

For use of aircraft on incidents other than a wildland fire, the incident type must be announced at the start of the intercom traffic. Example: North Ops, Fortuna, new order, aircraft for Air Rescue. All incident, location and hazard information will be provided but the frequencies provided will be limited to what is being used for this incident type.

Required Information:	**Examples:**
Unit with the new incident addresses GACCs/Regions, Units/Forests, and air bases affected, based on where the requests have been placed in ROSS.	**North Ops, Redding Air Attack Base, Redding, New Order (Wait for acknowledgement)**
Incident Name	**On Incident name Millville**
Order Number	**Order number SHU-5555**
Descriptive Location (i.e. prominent landmark or community; do not use street addresses)	**Descriptive location: Highway 44, 5 miles east of Palo Cedro**
Legal Description and Latitude/Longitude Decimal minutes: read only 2 numbers past the decimal. 40 33.4051 would be 40 degrees 33 decimal 40 minutes. Read: four zero degrees; three three decimal four zero minutes. Read: one two two degrees; one zero decimal zero three minutes.	**Legal: Section 6, Township 32 North, Range 2 East, off Mt. Diablo** **Latitude: 40 degrees 33 decimal 40 minutes; by** **Longitude 122 degrees 10 decimal 03 minutes.**
FM Air Tactics and Frequency Read: one five one decimal three zero two five.	**Air Tactics: Air Tactics 23, 151.3025**
Air to Air AM (Victor) Frequency Read: one three five decimal five seven five.	**Victor: 135.575**
Air to Ground Frequency and Tone (if applicable) Read: one five one decimal two two zero; Tone one	**Air to Ground: CDF Air to Ground 151.220 Tone 1**
Ground Tactical (Frequency # given when tac is non-standard)	**Ground Tactics: CDF Tac 6**
Command Frequency and Repeater Tone (Frequency # given when Command is non-standard)	**Command: SHU Local Tone 6.**
Break	**Break (Pause for North Ops/South Ops to acknowledge before continuing)**
Request Numbers and resources dispatched or needed	**Alpha 1, using Air Attack 240;** **Alpha 2, to Redding for 1 air tanker;** **Alpha 3, to Redding for 1 air tanker;** **Alpha 4, requesting one air tanker** **Alpha 5, using Copter 205**
Other Aircraft	**Other Aircraft: CHP Copter H13**
Hazards	**500 KV Power lines over the fire**

Old Order, New Request – Immediate Need

Required Information:	**Examples:**
Unit with the existing old incident addresses their GACC/Region.	**North Ops, Redding, old order SHU-5555, new request (Wait for acknowledgement)**
Request Numbers and resources dispatched or needed	**Alpha 6, requesting one air tanker, any type,** **Alpha 7, requesting one type 2 air tanker.**

Old Order, Fill Information

Required Information:	**Examples:**
Unit/Airbase filling the request addresses the GACC/Region and requesting Unit and provides the order number of the incident the aircraft is being assigned to.	**North Ops, Redding, Redding Air Attack Base, old order SHU-5555, aircraft information (Wait for acknowledgement)**
Request Number, resource identifier, eta to incident and AFF Status of Aircraft.	**Alpha 1, Air Attack 240 off Redding ETA 1520. (AFF Status of Aircraft) "Positive/Negative AFF".**

Old Order, Release Information

Once the aircraft has departed their base and Fill Information is voiced over the intercom, the resource is considered to be released requiring release information from the requesting Unit. If positive radio contact has not been made with the responding aircraft, notify the GACC, sending Unit and Airbase by stating "Negative Contact". This advises the GACC, sending Unit and Airbase that the requesting ECC has not been able to contact the aircraft to advise them of the release.

An aircraft is considered "Canceled" only if prior to becoming airborne and receiving Fill Information the aircraft is determined not to be needed.

Required Information:	**Examples:**
Unit with the existing old incident addresses their GACC, sending Unit and Airbase.	**North Ops, Oroville, Chico Air Attack Base, Redding old order, SHU-5555. aircraft release (Wait for acknowledgement)**
Request Number, resource identifier, load status, the name of the base they are returning to and eta	**On Alpha 4, Tanker 93 released with half a load, returning to Chico, ETA 1548.**

Incident Information

If an incident is escalating and the ECC feels that it will need to continue ordering resources or will have resources committed for an extended length of time, providing a brief incident update over the intercom is appropriate. This update will allow neighboring Units to assess potential for resource requests. Updates are low priority traffic on the intercom.

Incident/Fire Update example;

"North Ops, Redding incident update on SHU-5555, the Millville incident. The fire is 150 acres with moderate rate of spread in grass, brush and oak woodlands. Potential for 500 acres. Anticipate additional orders for aircraft, crews, equipment and overhead."

FC106 Intercom Voice Out Script

North Ops, and/or South Ops _____, _____
(ECC's and Tanker Bases you would Notify), (Your Unit)

New Order (Wait for acknowledgement from each location you contacted)

On Incident Name: _____ Order Number: _____
(3 letter unit identifier plus inc #)

Descriptive Location: _____
(Major Landmark, City, Town – something recognizable to a resource coming from out of the Unit.)

Legal: _____
(Section, Township, Range, and Meridian)

Latitude: _____ by Longitude:
_____
(Degree, Decimal Minute format) (Degree, Decimal Minute format)

Air Tactics, _____; Victor, _____
(Frequency Name and Number) (Frequency Number)

Air to Ground, _____Ground Tactics, _____
(Frequency Name, Number) (Frequency Name)
(and Tone (if required)) (Freq. # is optional, use if unfamiliar frequency)

Command _____
(Frequency Name, Repeater Tone)
(Frequency Number is optional use if unfamiliar frequency)

Break (wait for OCC acknowledgement to continue)

Alpha One – Requesting (or Using if aircraft you direct dispatch) _____
Type of Aircraft

Alpha Two – Requesting (or Using if aircraft you direct dispatch) _____
Type of Aircraft

Alpha Three - Requesting (or Using if aircraft you direct dispatch) _____
Type of Aircraft

Alpha Four - Requesting (or Using if aircraft you direct dispatch) _____
Type of Aircraft

Other Aircraft: _____
(any aircraft at or going to incident not noted above)

Aircraft Hazards: _____
(Power lines, etc.)

NWCG Fire Class Size

NWCG Wild Land Fire Class Size

Class A	.25 or less
Class B	more than .25 but less than 10 acres
Class C	10 acres or more, but less than 100 acres
Class D	100 acres or more, but less than 300 acres
Class E	300 acres or more, but less than 1000 acres
Class F	1000 acres or more, but less than 5000 acres
Class G	5000 acres or more

Resource Order Form

RESOURCE ORDER

INITIAL DATE/TIME

2. INCIDENT/PROJECT NAME

3. INCIDENT /PROJECT ORDER NUMBER

4. OFFICE REFERENCE NUMBER

5. DESCRIPTIVE LOCATION/RESPONSE AREA

6. SEC. | TWN | R/NG | Base MDM

7. MAP REFERENCE

8. INCIDENT BASE/PHONE NUMBER

9. JURISDICTION/AGENCY

10. ORDERING OFFICE

11. AIRCRAFT INFORMATION

BEARING	DISTANCE	BASE OR OMNI	AIR CONTACT	FREQUENCY

LAT. LONG.

Ground Contact	FREQUENCY	RELOAD BASE	OTHER AIRCRAFT/HAZARDS

INCIDENT/PROJECT ORDER NUMBER

12.

Request Number	Ordered Date/Time	From / To	QTY	RESOURCE REQUESTED	Needed Date/Time	Deliver To	From / To	Time	Agency ID	RESOURCE ASSIGNED	ETD / ETA	RELEASED Date	RELEASED To	Time ETA

ACTION TAKEN

13.

Req. No.	ORDER RELAYED Date	Time	To/From	ACTION TAKEN	Req. No.	ORDER RELAYED Date	Time	To/From	ACTION TAKEN

ICS 200-1 (7/87) NFES 1470

Resource Order Form, Continuation

CONTINUATION SHEET NO. _____ OF _____

Order No.

RESOURCE ORDER

2. INCIDENT/PROJECT NAME

3. INCIDENT /PROJECT ORDER NUMBER

4. OFFICE REFERENCE NUMBER

12. Request Number	Ordered Date/Time	From / To	QTY	RESOURCE REQUESTED	Needed Date/Time	Deliver To	To / From	Time	Agency ID	RESOURCE ASSIGNED	ETD / ETA	RELEASED Date	RELEASED To	Time ETA

ICS 260-2 (7/87) NFES 1471

Emergency Release Form

EMERGENCY RELEASE / MESSAGE FOM

NAME_____ CREW / ENGINE NAME_____

CURRENT ORDER_____ CURRENT REQ #_____ CURRENT FIRE NAME_____

ORIGINAL ORDER _____ ORIGINAL REQ # _____ ORIGINAL FIRE NAME_____

EMERGENCY MSG / REASON FOR RELEASE _____

FLIGHT ITINERARY

DATE	AIRPORT	ETD	AIRLINE	FLIGHT #	AIRPORT ETA	TAIL #	MAKE/MODEL

DOCUMENTATION

DATE	TIME	TO/FROM	ACTION TAKEN

File Name: Emergency 'Release.doc

OES Name Request Justification

CALIFORNIA FIRE & RESCUE MASTER MUTUAL AID SYSTEM
NAME REQUEST JUSTIFICATION ORDER FORM

Instructions

1. *The completed form will be submitted to incident ordering.*
2. *Incident ordering will submit form to Expanded who will forward to the OES Operational Area the incident is located within.*
3. *If the name request is outside of the Operational Area, the form will be placed up to the OES Region.*
4. *If the name request is outside of the OES Region, the form will be placed up to OESH.*
5. *If the request is placed to OESH, or if the incident is located Out of State, fax/email form to:*
   Email: warning.center@ops.caloes.ca.gov Fax: (916) 845-8910

Once approved by OESH, the form shall not be forwarded to the filling Region/Op Area.

Incident Name: _____ Incident#: _____

Request#: _____ ICS Position: _____

Name of person being ordered: _____

Agency of person being ordered: _____

Justification

Have Resource Orders for this position been returned "Unable to Fill" in Local Government ROSS? YES NO

Has the availability of the person been confirmed? YES NO

Has the person's Chief/Supervisor approved this special request? YES NO

Identification of person recommending the name request order

Recommending Person's:

Name: _____ Title: _____ Phone#: _____

Home Agency/Unit: _____ Incident Phone#: _____

Name Request Authorization

Has this request been reviewed by the incident ICS Functional Chief YES NO

Name: _____ Title: _____ Date: _____

Has this request been approved by the IC or DPIC? YES NO

Name: _____ Title: _____

Phone#: _____ Date: _____

Jan 2014

Preparedness/Detail Request Form

PREPAREDNESS/DETAIL REQUEST

ATTACHMENT TO RESOURCE ORDER NUMBER:_____

REQUEST NUMBER /S/:_____

1. POSITION(S):_____ NUMBER OF PERSONS REQUESTED:_____
2. MINIMUM "RED CARD" RATING: _____
3. EMPLOYMENT STATUS: [ ] REGULAR FEDERAL AGENCY [ ] AD [ ] OTHER _____
4. AGENCY UNIFORM: [ ] YES [ ] NO FIRE RESISTANT CLOTHING: [ ] YES [ ] NO
5. DRIVERS LICENSE NEEDED: [ ] YES [ ] NO ENDORSEMENT: _____
6. GOVERNMENT VEHICLE: [ ] YES [ ] NO TYPE: _____
7. PRIVATE VEHICLES AUTHORIZED: [ ] YES [ ] NO NUMBER: _____
8. RADIOS NEEDED: [ ] YES [ ] NO TYPE: _____ NUMBER: _____
9. REQUESTING UNIT'S ELECTRONIC TECHNICIAN'S NAME: _____

   TELEPHONE: _____
10. LENGTH OF DETAIL:_____THROUGH: _____
11. ESTABLISHED WORKWEEK:_____

    HOURS OF DUTY: _____

    OVERTIME AUTHORIZED: [ ] YES [ ] NO

    AUTHORIZATION NUMBEER: _____
12. PERSONNEL MAY BE ROTATED: [ ] YES [ ] NO HOW OFTEN: _____

    ROTATION PAID BY: _____
13. BASE SALARY PAID BY: _____

    TRAVEL PAID BY: _____ PER DIEM PAID BY: _____
14. EQUIPMENT USE MILEAGE PAID BY:_____
15. REQUESTING UNIT'S ELECTRONIC ADDRESS:_____
16. REQUESTING UNIT'S ESTIMATED TOTAL COST:_____
17. REQUESTING UNIT'S PERSONNEL OFFICER: _____

    TELEPHONE NUMBER: _____
18. REQUESTING UNIT'S FINANCE OFFICER: _____

    TELEPHONE NUMBER: _____
19. TEMPORARY DUTY STATION:

    ADDRESS/P.O. BOX: _____

    TELEPHONE: _____
20. GOVERNMENT LODGING: [ ] YES [ ] NO MESS HALL: [ ] YES [ ] NO

    GOVERNMENT COOKING FACILITIES ONLY: [ ] YES [ ] NO

    COMMERCIAL LODGING: [ ] YES [ ] NO RATE: $_____ MEALS [ ] YES [ ] NO
21. NEAREST COMMERCIAL AIRLINE CITY: _____
22. REMARKS:_____

_____

_____

_____

California Frequency Tones

STANDARD CTCSS TONES USED IN REGION 5

TONE	FREQUENCY	NAC
1	110.9	455
2	123.0	4CE
3	131.8	526
4	136.5	555
5	146.2	5B6
6	156.7	61F
7	167.9	68F
8	103.5	40B
9	100.0	3E8
10	107.2	430
11	114.8	47C
12	127.3	4F9
13	141.3	585
14	151.4	5EA
15	162.2	656
16	192.8	788

National Mobile Food Service/Shower Unit Request Form

MOBILE FOOD & SHOWER SERVICE REQUEST FORM

Incident Name:_____ Financial Code:_____

Resource Order #:_____ Food Service Request E#:_____

Shower Unit Request E#:_____

I. FOOD SERVICE: Requested Date, Time, Meal Types, and Number of Meals

1. Date of first meal:_____ Time of first meal:_____
2. Estimated number for the first three meals:

1st meal:_____	[ ] Hot Breakfast	[ ] Sack Lunch	[ ] Dinner
2nd meal:_____	[ ] Hot Breakfast	[ ] Sack Lunch	[ ] Dinner
3rd meal:_____	[ ] Hot Breakfast	[ ] Sack Lunch	[ ] Dinner

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time first meals are to be served: Date:_____ Time:_____

(Minimum guaranteed payment is based on these estimates, see Section G.2.2):

1st meal:_____	[ ] Hot Breakfast	[ ] Sack Lunches	[ ] Dinner
2nd meal:_____	[ ] Hot Breakfast	[ ] Sack Lunches	[ ] Dinner
3rd meal:_____	[ ] Hot Breakfast	[ ] Sack Lunches	[ ] Dinner

II. Location

Reporting location:_____

Contact person at the Incident:_____

III. Additional Information

Spike Camps: Yes _____ No _____ Unknown _____

Estimated Duration of Incident_____ Estimated Personnel at Peak_____

Dispatch Contact:_____ Telephone Number:_____

IV. SHOWER SERVICE: Requested Date and Time Mobile Shower Unit is needed

Date Requested_____ Time Requested_____

Mobile Shower Unit type ordered: Large (12+ stalls) [___] Small (4-11 stalls) [___]

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time Mobile Shower Unit to be operational: Date:_____ Time:_____

National Interagency Coordination Center – 208-387-5400

Incident Aircraft Certification Form

INCIDENT – AIRCRAFT CERTIFICATION

Date of Operation_____ **Incident #**_____

Incident Name_____ **Request #**_____

Responding Agency Aircraft ID_____**FAA #**_____

FLIGHT OPERATIONS CONDUCTED (Check where appropriate)

- ☐ Initial Attack
- ☐ Extended Attack
- ☐ Respond with Crew
- ☐ Smoke Investigation
- ☐ Lightning Detection
- ☐ Aerial Firing Operations
- ☐ Firefighter Medevac
- ☐ Other _____
- ☐ Helicopter
- ☐ Airplane
- ☐ Water Dropping
- ☐ Recon
- ☐ Crew Shuttling
- ☐ Air Operation
- ☐ Civilian Medevac

Significant or Imminent Threat (Check where appropriate)

- ☐ Death
- ☐ Serious Injury
- ☐ Damage to property
- ☐ Damage to natural resources

Private Sector Services Availability (Check where appropriate)

- ☐ Not Capable of Meeting Operational needs
- ☐ No Aircraft Available
- ☐ No Aircraft Available in a timely manager
- ☐ Aircraft on Order

Certifying Person:	Person Receiving Information:
Name:_____	Name:_____
Title:_____	Title:_____
Agency:_____	Agency:_____
Date:_____	Date:_____
Time:_____	Time:_____

Fax to the sending Unit of the aircraft.

Aircraft Flight Plan (Form 9400-1a)

United States
Department of the Interior
Bureau of Land Management
AIRCRAFT FLIGHT REQUEST/SCHEDULE

Change #:

6. Aircraft Info
FAA N#:

1. Initial request information

Initial Date/Time: | To/From: | Phone Number:

Cost-Accounting Management Code(s):

Billee Code (OAS A/C only):

Flight Schedule No. | Pax Seats

Make/Model:

Color:

Check one: _ Point-to-Point _ Mission Flight Desired A/C Type:_Helicopter _ Airplane

Mission Objective/Special Needs:

Vendor:

Phone No.:

Pilot(s):

2. Passenger/Cargo Information – **Indicate Chief of Party with an asterisk (*)**

Name/Type of Cargo (last name, initial)	LBS or CU ft	Project Order/Request No.	Dept Arpt	Dest Arpt	Return to	Name/Type of Cargo (last name, initial)	LBS or CU ft	Project Order/Request No.	Dept Arpt	Dest Arpt	Return to

3. Flight Itinerary (For Mission-Type Flights, Provide Points of Departure/Arrival and Attach Map with Detailed Flight Route and Known Hazards Indicated)

DEPART WITH			DEPART FROM			Enroute	ARRIVE AT			DROP OFF		Key Points	Info Relayed
Date	No. PAX	Lbs	Airport/ Place	ETD	ATD	ETE	Airport/ Place	ETA	ATA	No. PAX	Lbs	Drop-Off Points, Refueling Stops, Flight Check-ins, Pickup Points	To/From
						+							/
						+							/
						+							/
						+							/
						+							/
						+							/
						+							/
						+							/

4. Flight Following:

_ FAA IFR _ Satellite
_ FAA VFR w/ check-in every
___ Minutes to _ FAA or _ Agency
_ Agency VFT with check-in via radio every ___ Minutes
Frequencies:

5. Method of Resource Tracking:

_ Phone _ Radio
_ To Scheduling Dispatcher@
_ Prior to Takeoff _ Each Stop Enroute
_ Arrival at Destination
_ To: _____ @ _____
(0ther Office) (Phone Number)

7. Administrative
Type of Payment Document:

_ OAS-23 or _ OAS 2
_ FS 6500-122
Other:
Route Document To:

8. Review (if applicable)

_ Hazard Analysis Performed
_ Dispatch/Aviation Mgr. Checklist
_ Other:

9. Close-out
Closed by: Date/Time: /

Fire Traffic Area (FTA) Graphic

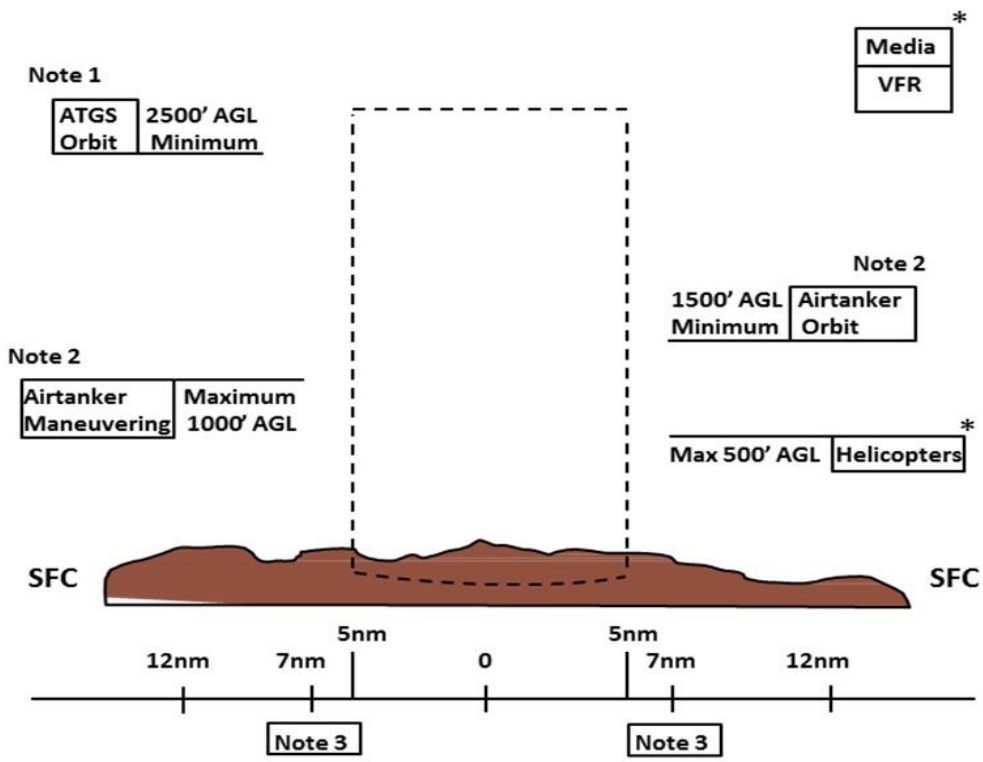
Fire Traffic Area (FTA) 01 May 2013

***** Clearance is required to enter the FTA *****

Initial Radio Contact: 12 nm on assigned air tactical frequency.

No Radio Contact: Hold a minimum of 7 nm from the incident.

Note: Airtanker maneuvering altitude determines minimum airtanker and ATGS orbit altitudes. Assigned altitudes may be higher and will be stated as MSL.



Note 1	1000' min. separation between ATGS orbit and airtanker orbit altitude.
Note 2	500' min. separation between airtanker orbit and maneuvering altitude.
Note 3	On arrival reduce speed to cross 7 nm at assigned altitude and 150 KIAS or less.

* **Helicopters:** Fly assigned altitudes and routes.

* **Media:** Maintain VFR separation above highest incident aircraft or position and altitude as assigned by controlling aircraft.

Airtanker Base as assigned	Air Guard 168.625 Tx Tone 110.9	Air To Air As Assigned	National Flight Following 168.650 Tone 110.9 TX and RX

National Interagency Airspace: http://airspacecoordination.org

Interagency Request for Temporary Flight Restriction (FAR Part 91.137)

INTERAGENCY REQUEST FOR TEMPORARY FLIGHT RESTRICTION

RESOURCE ORDER NUMBER: Request #: A -	DATE: TIME:
TO: FAA ARTCC _____ FAA PERSON CONTACTED: _____ FAA PHONE:_____ FAX:_____	**FROM:** DISPATCH OFFICE _____ PERSON REQUESTING TFR: _____ 24 HR. PHONE_____

❑ Check if this TFR is a replacement. If so, NOTAM # of TFR being replaced. _____

Geographic Location of Incident _____

Location (Circular TFR)				
VOR	RADIAL	DISTANCE	LAT/LONG of Center Point	RADIUS
			N/ W	

OR (Polygon TFRs should be rare and only used if circular shape is not adequate.)

Location (Polygon TFR)									
Point	VOR ID	Radial	Distance	Lat/Long	Point	VOR ID	Radial	Distance	Lat/Long
1				N/ W	5				N/ W
2				N/ W	6				N/ W
3				N/ W	7				N/ W
4				N/ W	8				N/ W

Altitude restrictions: _____ FEET MSL

The _____/_____ at _____ , _____

is in charge of on scene emergency response activities. TFR to provide a safe environment for fire fighting aircraft operations; effective immediately, until further notice, 24 hrs/day.

The requested TFR affects the following Special-Use Airspace:					
The requested TFR affects the Military Training Routes listed below:					
Route	SCHEDULING ACTIVITY	SEGMENT(S)	Route	SCHEDULING ACTIVITY	SEGMENT(S)

IMPORTANT NOTE TO FAA: If the TFR affects SUA and/or MTR(s), we request NOTAM distribution to all military bases involved, to the Coordinating Flight Service Station, and, for MTRs, to the Flight Service Station and Air Route Traffic Control Center with responsibility for the airspace at the route entry point(s).

NOTAM # _____ ISSUED AT _____ (Time) On _____/_____ (Date)

Date/Time TFR Cancelled: _____ By: _____

Passenger and Cargo Manifest (SF245)

STANDARD FORM 245 (6/77) Prescribed by USDA FSM 5716 USDI MP9400.518	PASSENGER AND CARGO MANIFEST	NO. OF PASSENGERS ON THIS PAGE _____	PAGE ____ OF ____
ORDERING UNIT	PROJECT NAME	PROJECT NO.	
NAME OF CARRIER	MODE OF TRANS & ID NO.	PILOT OR DRIVER	
CHIEF OF PARTY	REPORT TO:	IF DELAYED CONTACT	

DEPARTURE		INTERMEDIATE STOPS			DESTINATION	
PLACE	ETD	ETA	PLACE	ETD	ETA	PLACE

	PASSENGER AND/OR CARGO NAME	M/F	PASSENGER WEIGHT	CARGO WEIGHT	DUTY ASSIGNMENT IF APPLICABLE	HOME UNIT
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

CHIEF OF PARTY COPY

Infrared Aircraft Scanner Order

AIRCRAFT SCANNER ORDER

Incident/Project#: **FireCode#:** **A#**

Incident Name:		Date/Time:	
Ordering Unit:		Telephone #:	
Local Dispatch:		Telephone #:	
GACC:		Telephone #:	
National IR Coord:		Telephone #:	(208) 387-5381
		FAX #	
		Cell #	(208) 859-4475
Regional IR Coord:		Telephone #:	( )
		FAX #:	( )
		Cell #	( )
IR Interpreter Ordered:	☐ YES ☐ NO	Telephone #	( )
IR Interpreter Assigned:		Cell #	( )
Location: Motel		Motel #	( )
Office or ICP		FAX #	( )
SITL Name and Location:		Telephone #:	( )

Incident Elevation (AVG):	Feet MSL	Approximate Size:	Acres
Weather Over The Incident:			
Delivery Point:		Alt. Delivery Pt:	
Delivery type:	☐ Land Aircraft	☐ Air Drop	☐ Scanned file (give email address or ftp site in box below)
Delivery time:			
Delivery point weather:			

Radio Frequencies:

Local admin. Unit	Tx: Mhz	Tone:	Rx: Mhz	Tone:
Alternative Freq	Tx: Mhz	Tone:	Rx: Mhz	Tone:
Air Tactical Group Supervisor	Tx: Mhz	Tone:	Rx: Mhz	Tone:

Incident Location from 2 VORs: **(Degrees)** **(nautical miles)**

VOR:		**Azimuth:**		**Distance:**	
VOR:		**Azimuth:**		**Distance:**	

Mission Objective and Description:

LATITUDE/LONGITUDE INFORMATION NEEDED FOR EACH MISSION

Mapping Block

NORTH		
SOUTH		
EAST		
WEST		

north

west east

south

Exhibit VI - Request for Flight Restriction in or near Special-Use Airspace/MTR

DOCUMENTATION OF CONTACTS REQUESTING DECONFLICTION OF AIRSPACE BY THE MILITARY

I. MILITARY TRAINING ROUTES (MTRs)

REQUEST CLOSURE OF SEGMENTS OR RESTRICTION (ALTITUDE ADJUSTMENT) OF THE FOLLOWING MTRs:

DATE/ TIME	SCHEDULING ACTIVITY	ROUTE #	FROM PT	TO PT	COMMERCIAL PHONE #	CONTACT MADE TO (SCHEDULER NAME)	CONTACT MADE BY (DISPATCHER NAME)	IS ROUTE HOT? (Y/N)	REMARKS/DAILY CONTACTS *	RESTRICTION LIFTED DATE/TIME/CONTACTS

II. SPECIAL-USE AIRSPACE (MOAs, RAs, etc.)

RELAY INFORMATION ON REVERSE ("INTERAGENCY REQUEST FOR TEMPORARY FLIGHT RESTRICTION") TO THE SCHEDULING AGENCY AND/OR MILITARY ATC FACILITY BELOW:

SCHEDULING AGENCY OR ATC	PHONE #	DATE/ TIME	REQUEST RELAYED TO (NAME)	REQUEST RELAYED BY (NAME)	REMARKS/DAILY CONTACTS *	RESTRICTION LIFTED DATE/TIME/CONTACTS

* UNTIL NO LONGER NEEDED, VERIFY REQUEST FOR DECONFLICTION OF AIRSPACE ON A DAILY BASIS WITH THE SCHEDULING ACTIVITY FOR MTRs AND/OR WITH THE MILITARY ATC OR SCHEDULING AGENCY FOR SPECIAL-USE AIRSPACE; DOCUMENT ALL VERIFICATIONS UNDER 'REMARKS.'