

ATV / UTV Use Request and Authorization Form

Incident Name:II	ncident Number:
IMT SECTION REQUESTING USE:	
Division(s) / Location of Use:	
Name(s) of personnel operating ATV / UTV:	
Justification / Rationale for Use:	
Section Chief Signature:	Date:
INCIDENT COMMANDER NAME:	
Approve Use: Disapprove Use:	
Justification / Stipulations:	
Incident Commander Signature:	Date:
GROUND SUPPORT UNIT LEADER NAME: _	
Resource Order Number: ATV / UTV Licer	nse Number: Agency:
Great Basin ATV / UTV Inspection Form Attached: Y	YES NO
Ground Support Leader Signature:	Date:
TEAM SAFETY OFFICER NAME:	
Licensing / Qualification Documentation (Describe): _	
PPE: YES NO	
Safety Briefing: YES NO	
Team Safety Officer Signature:	Date:

Return to Finance