

GM # _____

PAYETTE DISPATCH OVERHEAD REQUEST

Phone: 208-425-8613 | Email: idpac@firenet.gov | Expanded: idpac_expanded@firenet.gov
<https://gacc.nifc.gov/gbcc/dispatch/id-pac/>

INCIDENT NAME	INCIDENT NUMBER	FINANCIAL CODE

NEEDED DATE:	NEEDED TIME:
REQUESTOR NAME AND POSITION:	REQUESTOR PHONE #:

REPORTING LOCATION & NAVIGATION INSTRUCTIONS:

POSITION	QUANTITY	SPECIAL NEEDS If Name Request, Complete Page 2	INCLUSIONS	EXCLUSIONS

ORDERING OPTIONS

Positions – What position would you like to order? Example: DIVS

Quantity – How many would you like?

Special Needs – NERV vehicle approved (NERV not available for RX outside the SIL), Rental vehicle approved, POV approved, Cell phone approved, Laptop approved, Tablet approved, Must be self-sufficient

Inclusions – None, Federal only, Host agency only, State only, Portal to portal acceptable, Trainee acceptable, Trainee required, Name request (Complete Name Request section on Page 2.)

Exclusions – EFF/AD Exclusions, Portal -to portal not acceptable

OTHER SPECIAL NEEDS AND/OR POINT OF CONTACT:

NAME REQUEST DETAILS

NAME:	PHONE NUMBER:	HOME DISPATCH ID:
QUALIFIED: YES NO	AWARE OF ORDER: YES NO	

JUSTIFICATION FOR NAME REQUEST: (ALL NAME REQUESTS MUST HAVE A JUSTIFICATION)

NAME REQUEST JUSTIFICATION EXAMPLES: “Smokey Bear” is familiar with R4 burning operations. “Smokey Bear” is a critical need for meeting objectives with suppression/pre-suppression operations. “Smokey Bear” is familiar with local policies, terrain, and operations.

***NAME REQUEST TRAINEE JUSTIFICATION:** If this is a trainee, are they listed first on the GBCC training list?
THE PERSON REQUESTED MUST BE AVAILABLE TO TAKE THE ASSIGNMENT

NAME REQUEST DETAILS

NAME:	PHONE NUMBER:	HOME DISPATCH ID:
QUALIFIED: YES NO	AWARE OF ORDER: YES NO	

JUSTIFICATION FOR NAME REQUEST: (ALL NAME REQUESTS MUST HAVE A JUSTIFICATION)

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