

Quickstrike/ Mutual Aid Request for Airtanker Support

*Date: _____ *Time: _____ *Incoming _____ Outgoing _____

*Requesting Agency: _____ *Requested By: _____

*Approved By: _____

Incident Information

*Fire/Incident #: _____ *AB Assigned #: _____ *Current Size: _____

*Location: Lat: _____ Long: _____

*Geographic Name: _____

*Air Advisory: _____ Bomb Frequency: _____ ATB Frequency: _____

*Air to Ground Frequency: Name _____ TX _____ RX _____ Tone _____

*Incident Contact: _____ Ground _____ Air _____

Location for Reloads & Fuel: _____

*Additional Dispatch Information (resources on site, A/C modem numbers if required):

Aircraft Information

Resources Dispatched: _____ Time: _____ From: _____ (ATB/ Fire/ Detect)

Roll Time								
Stop Time								
Flight Time								
AB Fuel Used (L)								
AB Retardant (L)								
Oil (L)								
Source								

Notes: