



# 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](mailto: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: \_\_\_\_\_