

# Resource Extension Request Form

## RESOURCE and INCIDENT INFORMATION:

Resource Name: \_\_\_\_\_

Incident Name: \_\_\_\_\_ Incident #: \_\_\_\_\_ Request #: \_\_\_\_\_

Position on Incident: \_\_\_\_\_

Home Unit Supervisor: \_\_\_\_\_ email: \_\_\_\_\_ fax # \_\_\_\_\_

## 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: \_\_\_\_\_

## APPROVED BY\* :

1) Resource or Resource Supervisor: \_\_\_\_\_

2) Incident Commander or Deputy: \_\_\_\_\_

3) Host GACC Coordinator on Duty: \_\_\_\_\_

4) Home Unit Supervisor: \_\_\_\_\_

5) Sending GACC (excluding single-resource Overhead): \_\_\_\_\_

6) NICC (only if National Resource): \_\_\_\_\_

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