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**

January 2013