



**Mobilization Request
Form**

2009 Version - Mobilization Plan

WSP/EMD Use Only
Date/Time Received:
Date/Time Approved:
Mobilization # : WA – WFS – _____

Mobilization Authorization							
Date of Request:				Time of Request:			
Requesting Agency:				Phone: ()			
Fire Chief or Designee:				Phone: ()			
On Scene I/C:				Phone: ()			
Regional Fire Coordinator:				Phone: ()			
Has the Regional Coordinator been contacted? [Yes] [No] Who:							
Has an Incident Complexity Analysis been completed? [Yes] [No]; If yes – Incident Type [1] [2] [3]							
Incident Location							
Type of Incident:							
Size (acres, blocks, miles):				Is it growing in size or contained:			
Weather: Temperature		Wind Speed (MPH)		Wind Direction:		Relative Humidity:	
Fuels Involved:							
County:				Nearest City:			
Location of Incident: (Describe location relative to roads/towns)							
Is the incident in your fire jurisdiction? [Yes] [No]				Is your jurisdiction imminently threatened? [Yes] [No]			
Have local resources been exhausted? [Yes] [No]				Has mutual aid been expended? [Yes] [No]			
Does the event jeopardize the ability of the local jurisdiction to protect lives and property? [Yes] [No]							
What is at risk? (number of lives/homes/crops)							
Evacuations? [Yes] [No] [Probable]				Evacuation Level: [1] [2] [3]			
Estimated number to evacuate?				Shelter Location:			
What land is it on? (Check all that apply) <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Unprotected							
Resources Needed							
What specific resources are needed?							
Reporting Area							
Command Post: Location (address)							
Contact Person:				Phone: ()			

EMD FAX #:(253) 512-7203

FAX this document to the Washington EMD's State Emergency Operations Duty Officer at (253) 512-7203.

Call 1-800-258-5990 for the State Emergency Operations Officer.

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**FAX THE
REQUEST FOR
MOBILIZATION FORM
AND
INCIDENT COMPLEXITY
ANALYSIS**

**CALL THE EMD DUTY
OFFICER**

1-800-258-5990

**TO ENSURE THEY
HAVE RECEIVED IT**

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