

# MOBILIZATION REQUEST

WSP/EMD USE ONLY	
DATE/TIME RECEIVED	
DATE/TIME APPROVED	
MOBILIZATION #	WA-WFS-

Requesting Agency Information			
Date of Request		Time	
Incident Start Date		Time	
Agency		Contact #	
Fire Chief or Designee		Contact #	
On Scene IC		Contact #	
Regional Coordinator*		Contact #	

\*Has the Regional Coordinator been contacted?     Yes     No

The requesting agency agrees to comply with all provisions of the Mobilization Plan.     Yes     No

Incident Information							
Incident Name				Incident Type			
Has an Incident Complexity Analysis been completed?				<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, incident type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
Size (acres, blocks, miles)				Growing in size or contained?			
Weather:	Temperature		Wind Speed		Wind Direction		RH
Fuels involved				Fuel Type(s)			
Nearest Town/City							
Location relative to roads/landmarks							
Land ownership (Check all that apply) <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Unprotected							
Is the incident within the requesting agency's fire jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is the requesting agency's jurisdiction imminently threatened? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have local resources been exhausted? <input type="checkbox"/> Yes <input type="checkbox"/> No				Has mutual aid been expended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the incident jeopardize the ability of the requesting jurisdiction to protect lives and property? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What is at risk? (i.e., homes, crops, infrastructure)							
Evacuations <input type="checkbox"/> Yes <input type="checkbox"/> No		Evacuation level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Estimated number to evacuate			
Shelter location							

Resources Needed
What specific resources are needed? (i.e., 3 wildland strike teams)

Reporting Location		
Command Post (location/address)		
Contact Person		Contact #

**Submit Completed Request with Incident Complexity Analysis to the Emergency Operations Center**  
 Fax 253.512.7203    OR    E-mail [dutyofficer@mil.wa.gov](mailto:dutyofficer@mil.wa.gov)

Call 1-800-258-5990 to verify receipt of request