

# MOBILIZATION REQUEST

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

Requesting Agency Information			
Date of Request		Time	
Incident Start Date		Start 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?				If yes, incident type: <input type="checkbox"/> CIMT <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**