

TRAINING MISSION REQUEST
(See WAC-118-04-280 for Instructions)

TO: Search and Rescue Coordinator
Emergency Management Division
Camp Murray WA 98430-5122
FAX: 253-512-7203

Mission No: _____
(Assigned by State EMD)

1. Name of Requesting Unit: _____
2. Chairman or Leader of Unit: _____
Address: _____ Phone: _____
3. Date(s) of Training Mission: _____ Beginning Time: _____ Ending Time: _____
4. Location of Training Site: _____ USNG: _____
5. Number of Participants Expected: _____ All Members of Requesting Unit? ☐ Yes ☐ No
6. If No, List Other Units: _____

7. Will Aircraft Be Involved? ☐ Yes ☐ No If Yes, Give Type, Ownership And Intended Use.

8. Training Objective(s): _____

9. This Training Specifically Conforms To What Local Plan ? _____
Annex _____ Tab _____ ESF _____
10. Training course curriculum, plan of instruction, or course outline on file with the state: ☐ Yes ☐ No
(If no, then curriculum, plan of instruction, or outline MUST accompany request. ICS-201 is preferred format)

The undersigned acknowledges that an EMD-078 Form must be completed and forwarded to the state Emergency Management Division within 15 days of the completion of this authorized training.

Requestor

Local Emergency Management Director

Organization

Organization

Address

Address

Date

Date

TO: Local Emergency Management Director

FROM: Washington State Emergency Management Division

Your request to conduct training as described is: ☐ Approved ☐ Disapproved ☐ See Page #2

Date:

Authorizing Signature
Emergency Management Division
State of Washington