Resource Extension Request Form

RESOURCE & INCIDENT INFORMATION:

Resource Name: ________________________________ Request #: __________________

Incident Name: ________________________________ Incident #: __________________

Position on Incident: ____________________________________________________________

Home Unit Supervisor Name & 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: ___________________________ Last Work Day: __________________

Justification (Select from the List Below):

☐ Life and Property are imminently threatened,

☐ Suppression objectives are close to being met.

☐ Replacement resources are unavailable or have not yet arrived

Explanation for IMT Extension:

REQUESTED BY:

Incident IC/Supervisor: ________________________________ Incident Position: __________

APPROVED BY:

1) Resource or Resource supervisor: ________________________________

2) Incident Commander or Deputy: ________________________________

3) Host GACC: ________________________________

4) Home Unit Supervisor: ________________________________

Arizona Interagency Dispatch Center (AIDC) Home Dispatch Resources: Email Completed Extension Request Form to aidclogistics@dffm.az.gov for State Resource Duty Officer Approval. AIDC will obtain any additional signatures required. Phone: 800-309-7081 Fax 623-445-0289

5) Arizona State Resource DO or AREP (AZ Dispatch Ctr): ________________________________

6) Sending GACC (excluding single-resource Overhead): ________________________________

7) NICC (only if National Resource): ________________________________

Signatures should be gathered in the order they are numbered above. For IMT extensions, only signature lines 2, 3, 6 and 7 are required.