

Date of request _____

Resource Extension Request Form

RESOURCE and INCIDENT INFORMATION:

Resource Name: _____

Incident Name: _____ Incident #: _____ Request #: _____

Position on Incident: _____

Home Unit Supervisor: _____ Email: _____ Region/Division Manager: _____

EXTENSION INFORMATION: **Date of 14th Day of Assignment (Exclude Mobilization Travel Time):** _____

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, or
- ☐ Replacement resources are unavailable or have not yet arrived

Explanation for Extension:

REQUESTED BY:

Incident Supervisor: _____ Incident Position: _____

APPROVED BY:

1) Resource: _____

2) Resource supervisor: _____

3) ****Incident Commander or Deputy:** _____

4) Home Unit Supervisor: _____

5) Region / Division Manager: _____

6) Wildland Fire Mgmt. Division Manager: _____

Gather signatures in the order they are numbered above.

Send to Wildland Fire Management Division DNR Coordination Center after IC or Deputy signature.

Email to DNRDLDispatchNRB@dnr.wa.gov or Fax 360-902-1781