

Resource Extension Request Form

RESOURCE and INCIDENT INFORMATION:

Resource Name: _____

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

Position on Incident: _____

Home Unit Supervisor: _____ 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, or
- Replacement resources are unavailable or have not yet arrived

Explanation for IMT Extension:

REQUESTED BY:

Incident Supervisor: _____ Incident Position: _____

APPROVED BY:

1) Resource or Resource supervisor: _____

2) Incident Commander or Deputy: _____

3) Host GACC : _____

4) Home Unit Supervisor: _____

5) Sending GACC (excluding single-resource Overhead): _____

6) NICC (only if National Resource): _____

Signatures should be gathered in the order they are numbered above. For IMT extensions, only signature lines 2, 3, 5 and 6 are required.