

**Date:**

To:

From:

Subject: Delegation of Authority for

Effective at \_\_\_\_\_ on \_\_\_\_\_, you are delegated authority for the management of the  
incident that began on the \_\_\_\_\_

This delegation carries with it the full authority for the management of the resources (personnel and equipment) and expenditure of funds directly associated with this incident(s). Your primary responsibility is to organize, manage, and direct your assigned resources for safe, efficient and effective management of the incident. You are accountable to the Agency Administrator(s) or designated representative(s).

\_\_\_\_\_  
Agency Administrator

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Agency Administrator

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Agency Administrator

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Agency Administrator

\_\_\_\_\_  
Date/Time

I accept this delegation:

\_\_\_\_\_  
Incident Commander

\_\_\_\_\_  
Date/Time