



NAME REQUEST JUSTIFICATION ORDER FORM
for the
CALIFORNIA FIRE AND RESCUE MASTER MUTUAL AID SYSTEM



INSTRUCTIONS

1. The completed form will be submitted to incident ordering.
2. Incident ordering will submit form to Expanded, and will forward to the OES Operational Area the incident is located within.
3. If the name request is outside of the Operational Area, the form will be placed up to the OES Region.
4. If the name request is outside of the OES Region, the form will be placed up to OESH.
5. If the request is placed to OESH **or**, if the incident is located Out-of-State, fax/email this form to:

FAX: (916) 845-8910

Email: warning.center@oes.ca.gov

Once approved by OESH, the form **shall not** be forwarded to the filling Region/Op Area.

INCIDENT NAME / INDIVIDUAL BEING REQUESTED

Incident Name: _____ **Incident #:** _____

Request #: _____ **ICS Position:** _____

Name of individual being requested: _____

Agency of individual being requested: _____

JUSTIFICATION

Have Resource Orders for this position been returned "Unable to Fill" in Local Government ROSS?	YES	NO
Has the availability of the individual been confirmed?	YES	NO
Has the requested individual's Chief/Supervisor approved this special request?	YES	NO
Is this CFAA approved?	YES	NO

IDENTIFICATION OF PERSON RECOMMENDING THE NAME REQUEST ORDER

Recommending Individual's:

Name: _____ **Title:** _____ **Phone #:** _____

Home Agency / Unit: _____ **Incident Phone #:** _____

NAME REQUEST AUTHORIZATION

Has this request been reviewed by the incident ICS Functional Chief? YES NO

Name: _____ **Title:** _____

Has this request been approved by the IC or DPIC? YES NO

Name: _____ **Title:** _____

Phone #: _____ **Date:** _____