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# NAME REQUEST JUSTIFICATION ORDER FORM

utilized for the  
**CALIFORNIA FIRE AND RESCUE MUTUAL AID SYSTEM**



## INSTRUCTIONS:

1. Completed this form and attach completed form to the IROC overhead request.
2. Incident ordering will submit form to Expanded, and will submit 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 respective OES Region.
4. If the name request is outside of the OES Region, the form will be placed up to California Fire Rescue Coordination Center (OESH)
5. Region placing this order to the California Fire Rescue Coordination Center (OESH) is required to call 916-636-3885.

**BE SURE THIS DOCUMENT IS ATTACHED IN THE IROC ORDER UTILIZING THE PAPERCLIP**

## 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 IROC? 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: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_