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NAME REQUEST JUSTIFICATION ORDER FORM
utilzed 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 UTILZING 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 ☐

Is this a CWCG Priority Trainee request 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:** _____