WASHINGTON FIRE SERVICES RESOURCE MOBILIZATION PLAN

# TYPE 3 IMT MISSION ACCEPTANCE

| Incident Information | |
|---|---|
| Incident Type | Weekly Roster |
| Incident Name | IMT Name |
| Incident Number | June 24-30, 2014 |
| Report Location | |
| Order Date/Time | |
| Report Date/Time | |

**If any of the required positions cannot be filled, the team cannot accept the request to provide the resource.**

| Required Positions<br>Command & General Staff | | | |
|---|---|---|---|
| *Resource Order #* | *Position* | *Complete each IMT member's name, agency and highest level of certification.* | |
| 3001 | Incident Commander | Name | |
| | | Agency | |
| | | Level Certified | |
| 3002 | Safety Officer | Name | |
| | | Agency | |
| | | Level Certified | |
| 3003 | Public Information Officer | Name | |
| | | Agency | |
| | | Level Certified | |
| 3004 | Liaison Officer<br>*May be combined w/SOF* | Name | |
| | | Agency | |
| | | Level Certified | |
| 3005 | Operations Section Chief | Name | |
| | | Agency | |
| | | Level Certified | |
| 3006 | Planning Section Chief | Name | |
| | | Agency | |
| | | Level Certified | |
| 3007 | Logistics Section Chief | Name | |
| | | Agency | |
| | | Level Certified | |
| 3008 | Finance Section Chief | Name | |
| | | Agency | |
| | | Level Certified | |

**By accepting the resource request to provide an Incident Management Team, you are coming qualified as ordered. Your home agency/local governing board is responsible for maintaining qualifications, training and experience records.**

Email completed form to: FPBMobilizationSec@wsp.wa.gov

LINE POSITIONS NEED TO HAVE THE "NEW GENERATION" FIRE SHELTER. IF THEY DO NOT, THEY WILL BE DEMOBED WITHOUT REIMBURSEMENT FOR THE PERSONNEL OR EQUIPMENT.

**If any of the required positions cannot be filled, the team cannot accept the request to provide the resource.**

| Required Positions<br>Section Staff | | | |
|---|---|---|---|
| *Resource Order #* | *Position* | *Complete each IMT member's name, agency and highest level of certification.* | |
| 3009 | DIVS | Name | |
| | | Agency | |
| | | Level Certified | |
| 3010 | DIVS | Name | |
| | | Agency | |
| | | Level Certified | |
| 3011 | SITL | Name | |
| | | Agency | |
| | | Level Certified | |
| 3012 | GS/FUL | Name | |
| | | Agency | |
| | | Level Certified | |
| 3013 | COML | Name | |
| | | Agency | |
| | | Level Certified | |
| 3014 | COMT | Name | |
| | | Agency | |
| | | Level Certified | |
| 3015 | RADO | Name | |
| | | Agency | |
| | | Level Certified | |
| 3016 | RADO | Name | |
| | | Agency | |
| | | Level Certified | |
| 3017 | TIME | Name | |
| | | Agency | |
| | | Level Certified | |
| **Additional Positions** | | | |
| 3018 | | Name | |
| | | Agency | |
| | | Level Certified | |
| 3019 | | Name | |
| | | Agency | |
| | | Level Certified | |

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| Additional Positions | | | |
|---|---|---|---|
| *Resource Order #* | *Position* | *Complete each IMT member's name, agency and highest level of certification.* | |
| 3020 | | Name | |
| | | Agency | |
| | | Level Certified | |
| 3021 | | Name | |
| | | Agency | |
| | | Level Certified | |
| 3022 | | Name | |
| | | Agency | |
| | | Level Certified | |
| 3023 | | Name | |
| | | Agency | |
| | | Level Certified | |
| 3024 | | Name | |
| | | Agency | |
| | | Level Certified | |
| 3025 | | Name | |
| | | Agency | |
| | | Level Certified | |

| *Resource Order #* | *Resource Kind & Type*<br>*i.e., Type 3 Mobile Command Post* | *Agency* |
|---|---|---|
| 3026 | | |
| 3027 | | |
| 3028 | | |
| 3029 | | |

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