

TRAINING MISSION REQUEST

TO: Search and Rescue Coordinator
Emergency Management Division
Washington Military Department
Camp Murray, WA 98430-5122

Mission No: _____
(Assigned by State DEM)

1. Name of requesting unit: _____
2. Chairman or leader of unit: _____
Address: _____ Phone: _____
3. Date(s) of training mission: _____ Beginning time: _____ Ending time: _____
4. Location of training site: _____ SEA- _____
5. Number of participants expected: _____ Are all participants members of requesting unit? [Yes:] [No]
6. List names of other units: _____

7. Will aircraft be involved? [Yes] [No] If yes, give type, ownership and intended use.

8. Type of training to be done: _____

9. This training specifically conforms to what plan? _____
Annex _____ Tab _____ Curriculum or outline on file with the state: [Yes] [No]
(If not on file with the state, curriculum or outline MUST accompany this request)

The undersigned acknowledges that a EMD-078 Form must be completed and forwarded to the state Division of Emergency Management within 15 days of the completion of this authorized training.

Requestor

Organization

Address

Date

Local Emergency Management Director

Organization

Address

Date

TO: Local Emergency Management Director
FROM: Washington State Emergency Management Division

Your request to conduct training as described is: [] Approved [] Disapproved
(See reverse) (See reverse)

Date: _____

AUTHORIZING SIGNATURE
Emergency Management Division
State of Washington

TRAINING MISSION AUTHORIZATION

This training is authorized pursuant to chapter 38.52, Revised Code of Washington and is limited to compensation coverage as stated.

Training must conform to the Local Comprehensive Emergency Management Plan and is considered a non-emergency planned event for the development of proficiency and skills of organized and registered emergency management workers. Training Authorization covers an emergency management worker from the time he or she leaves home until the time he or she returns home (portal to portal) or until the time he or she could reasonably expect to be home from the training location.

Please be advised that without specific, prior written approval, the use of aircraft of any type is not authorized. The state will not assume any liability nor will it provide compensation coverage for any accidents or incidents resulting from the unauthorized use of aircraft.

Please ensure that each volunteer has been properly registered and carries an emergency management identification card. The card number and time involved for each worker must be recorded on EMD-078 and sent to this office within 15 days after completion of the training.

1. Approved subject to the following conditions:

2. Disapproved for the following reason(s):
