



RACES Activation

[] Request [] Report

Complete Section 8. For Requests

1. Date/Time	From _____ On _____ To _____ On _____
2. Mission No.	
3. Incident Name	
4. Requesting Agency	[] MFD OES [] _____
5. Authorizing Agency	[] MFD OES [] _____
6. Requirements <i>(No. of operators, type of equipment, etc.)</i>	_____ _____ _____
7. Dispatched Personnel	[] See ICS214 Duty Officer _____ Shift Supervisor _____ _____ _____ _____ _____
8. Training Goals	Disaster Traffic Handling [] Voice [] Packet [] Interaction with Public Safety Personnel [] Operation with OES Communications Van [] _____
9. Prepared By	Signed _____ Print Name/Title _____
10. Approved By	Signed _____ Print Name/Title _____