

Buying Team Extension Request Form

A) RESOURCE and INCIDENT INFORMATION:

Resource Name: _____ Home Dispatch/Unit ID: _____
Incident Name: _____ Incident #: _____
Position on Incident: _____ Request #: _____
Home Unit Supervisor: _____ Supervisor Email: _____

B) REQUESTED BY:

Incident Supervisor: _____ Incident Position: _____

C) EXTENSION INFORMATION:

Prior to any extension, consider the health, readiness and capability of the resource. The health and safety of incident personnel and resources will not be compromised under any circumstances.

Length of Extension: _____ Last Workday: _____

Justification (Select from the List Below):

- Life and Property are imminently threatened,
- Suppression objectives are close to being met, or
- Replacement resources are unavailable or have not yet arrived.

Explanation for Extension:

D) APPROVED BY:

Buying Team (BT) Supervisor: _____ Email: _____
BT Home GACC: _____ Email: _____
Incident GACC: _____ Email: _____
NICC: _____ Email: _____
National BT Coordinator: _____ Email: _____