

# 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: \_\_\_\_\_