Santa Clara County RACES -- Mutual Aid Request

Radio Operator Only:	Origin Msg #:		Destination Msg #:

This Section to be Completed by Requesting Agency: (Underlined=Required)

Date:	Time (24hr):	Handling: ⦿ **Immediate** (ASAP) ⦿ **Priority** (<1 hr) ⦿ **Routine** (<2 hrs)

T O	ICS Position:	**F R O M**	ICS Position:
	Location:		Location:
	Name:		Name:
	Contact Info:		Contact Info:

Event/Incident	Name:		Nbr:

Agency	Name:

Assignment (Duties, conditions, equipment, shift times)	

Amateur Radio Resources Requested	Qty:	Role/Position:	Preferred Type:	Minimum Type:

Requested Arrival	Date(s):	Time(s):
Needed Until	Date(s):	Time(s):

Reporting Location (Street Address, Parking, Entry Instructions)	
Contact on Arrival (Name/Position and contact info)	
Travel Info (Routes, Hazards, Lodging)	

Requested By	Name:	Title:
	Contact (E-mail, phone, frequency):	

Approved By (Authorized agency official)	Name:	Title:	
	Contact (E-mail, phone, frequency):		
	Signature:	Date:	Time (24hr):

Radio Operator Only:			
Relay From:		Relay To:	
Name:	Call Sign:	Date:	Time (24hr):

This Section to be Completed by Santa Clara County Op Area:				
Reviewed By (CRO)	Name:		Date:	Time (24hr):
Reauthorization Of Request	Orig Req Msg Nbr:		Req Agency:	
Approved By (SCCo OES official)	Name:		Title:	
	Signature:		Date:	Time (24hr):
Completed	Name:		Date:	Time (24hr):

Assignments (attach additional sheets if needed)				
Date	**Time**	**Name**	**Call Sign**	**Notes**

Santa Clara County RACES -- Mutual Aid Request

Purpose: This form is used to request amateur radio mutual aid from the county. Authorization is from SCCo OES.

Preparation: This form is prepared by the agency requesting amateur radio mutual aid.

Distribution: This form is sent to the SCCo Chief Radio Officer (or designee), who is the mutual aid coordinator for amateur radio in Santa Clara County. The CRO gets approval from an SCCo OES official.

Field	Instructions
Requesting Agency completes the following fields:	
Date / Time	Required. Enter the date and time of the request
Handling	Required. Select one
To / From	Required. Enter at least the ICS Position and Location for both To and From.
Agency Name	Required. Enter the name of the agency requesting mutual aid.
Event/Incident	Required. Enter the name of the event/incident and the requesting agency's activation number (if applicable).
Assignment	Required. Describe the type of duties, conditions, special equipment needed (other than 12-hour Go Kit). If multiple shifts are involved, give details. Provide enough detail for volunteer to decide if they are willing and able to accept the assignment.
Amateur Radio Resources Requested	Required. Identify the quantity(s), category(s), preferred type and minimum type(s) of resource(s) requested to support the above assignment (usually, one category per assignment). Available roles/positions are: field, net control, packet, shadow, HF (future) Available types (consult Mutual Aid Communicator Program handbook for details): • Type I = Specialist; can plan, organize, deploy, lead complex, multi-operator response • Type II = Advanced operator, two nets, medium-high speed, 25W+ station • Type III = Independent operator, low-medium speed, HT • Type IV = Basic skills, county-standard go-kit • Type V = Non-credentialed with county DSW Be careful not to over-specify the minimum type. Resources with less than the minimum type will not be considered, even if they are available.
Requested Arrival	Required. Enter the date and time that the resources need to arrive.
Needed Until	Required. Enter the date and time when the resources are expected to be demobilized.
Reporting Location	Required. Enter the location to which the resources should report. Include any details such as special parking or entry instructions.
Contact on Arrival	Required. Identify who/where the resources should contact upon arrival. This is typically a net control on a radio frequency or a specific person or function at a telephone number. Responders will attempt to make contact before leaving their vehicle.
Travel Info	Required. Identify preferred routes, road closures and hazards to be avoided during travel. If overnight stay is included, specify how lodging will be provided. Otherwise, enter "N/A".
Requested By	Required. Completed by the individual requesting the resources, typically the Chief Radio Officer for the requesting agency.
Approved By	Required. Completed by the authorizing official at the requesting agency.
Radio Operator completes the following fields:	
Message Numbers	Enter origin and destination message numbers.
Operator Only Area	If relaying, enter from/to call signs. Enter name, call sign, date, time.
Santa Clara County Op Area completes the following fields:	
Reviewed By CRO	Completed by the Mutual Aid Coordinator/Chief Radio Officer (or designee)
Reauthorization	If request > 24hr old, SCCo Msg Nbr of original request and requesting agency (attach copy)
Approved By	Completed by the authorizing official from SCCo OES.
Completed	Enter this information when the request has been fulfilled/completed.
Assignments	Completed as resources are assigned to the request