Santa Clara County RACES Mutual Aid Request Version: 190531														
Rad	io O	perator Only	Crigin Msg #: Destination Msg #:											
This	This Section to be Completed by Requesting Agency: (Underlined=Required)													
<u>Date</u> :			Time (24hr): Handling:			ng: C	Olmmediate (ASAP) OPriority (<1 hr)				. hr) C) Rc	outine (<2 hrs)	
	ICS	Position:					ICS Position:							
Т	Loc	cation:					F R	Location:						
0	Name:						0	Name:						
Contact Info:							M	Contact Info:						
Age	ncy		Name	2:										
Evei	nt/Ir	ncident	Name	2:				Nbr:						
Assignment (General duties, conditions, equipment, shift times)		duties, ns, nt, es)												
		r Radio	Qty	Role/Position							Prefer	red Typ	e	Minimum Type
Reso Req														
									1					
		ted Arrival	Date(s):					Time(s):						
		<u>Until</u>	Date((s):						Time(s	5):			
Reporting Location (Street Address, Parking, Entry Instructions)														
Contact on Arrival (Name/Position and contact info)														
<u>Travel Info</u> (Routes, Hazards, Lodging)														
Requested By		Name	e:						Title:					
		Contact (E-mail, phone, frequency):												
Approved By (Authorized agency official)		Name: Title:												
		Contact (E-mail, phone, frequency):												
		Signature:						Da	ite:		7	Γime	e (24hr):	
Rad	io O	perator Only	:											
Rela	ıy:	Rcvd:						Sent:						
Nan	ne:				Cal	l Sign:			Date	e:		7	Time	e (24hr):

SCCo ARES/RACES/ACS Page 1 of 3

Santa Clara County RACES – Mutual Aid Request

Radio Origin Msg #:

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

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

SCCo ARES/RACES/ACS . Page 2 of 3

Instructions: 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.

Requesting Agency compiletes the following fields: Date / Time Required. Enter the date and time of the request	Field	Instructions				
Date / Time	Requesting Agency comp					
Handling						
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 agency requesting mutual aid. 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. Use a separate form for separate assignments. Amateur Radio Required. Identify the quantity(s), category(s), preferred type(s) and minimum type(s) of resource(s) requested to support the above assignment. Available roles/positions are: field, net control, packet, shadow, HF (future) Available types (consult Mutual Aid Communicator Program handbook for details): • Type II = Advanced operator, two nets, cross-band, medium-high speed, 25W+ station • Type III = Independent operator, low-medium speed, HT, 3rd party traffic • Type IV = Basic skills, county-standard go-kit, basic net usage, status reports • Type IV = Basic skills, county-standard go-kit, basic net usage, status reports • 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 date and time when the resources are expected to be demobilized. Required. Completed by the individual requesting the resources, typically the Chief Radio Officer for to make contact before leaving their vehicle. Travel Info Required. Completed by the individual requesting the resources, typically the Chief Radio Officer for the requesting agency. Required. Completed by the authorizing official at the requesting agency. Ap						
Agency Name Required. Enter the name of the agency requesting mutual aid. Required. Enter the name of the event/incident and the requesting agency's activation number (if applicable).						
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	Assignments	Completed as resources are assigned to the request				

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