Santa Clara County OES
ARES/RACES/ACS Mutual Aid Request

When Receiving, Sender's Msg Nbr:		**Message Number:**		When Sending, Receiver's Msg Nbr:	
Date:		**Situation Severity:** [X] Other		**Msg Handling Order:** [X] Routine	**To:** SCCo ARES/RACES/ACS Mutual Aid Coordinator (SCCo CRO)
Time:					

Requesting Agency:					
Agency	Name:				
Event/Incident	Name:			Nbr:	
Assignment (Duties, conditions, equipment, shifts)					
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:

Santa Clara County Op Area:					
Reviewed By (CRO)	Name:			Date:	Time:
Reauthorization	Orig Req Msg Nbr:		Req Agency:		
Approved By (SCCo OES official)	Name:			Title:	
	Signature:			Date:	Time:
Completed	Name:			Date:	Time:

Santa Clara County OES – ARES/RACES/ACS 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
Header	
All Fields	Enter the standard message header for amateur radio messages.
To	This request always goes to the SCCo ARES/RACES/ACS (amateur radio) mutual aid coordinator, which is the SCCo Chief Radio Officer or designee.
Requesting Agency	
Agency Name	Enter the name of the agency requesting mutual aid.
Event/Incident	Enter the name of the event/incident and the requesting agency's activation number (if applicable).
Assignment	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	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 = MAC with no additional qualification in that skill area - Type V = Non-MAC with county DSW Be careful not to over-specify the minimum type. An attempt will be made to fulfill the request with the preferred resource type. If the preferred type is unavailable, resources of at least the minimum type may be used. Resources with less than the minimum type will not be considered, even if they are available.
Requested Arrival	Enter the date and time that the resources need to arrive.
Needed Until	Enter the date and time when the resources are expected to be demobilized.
Reporting Location	Enter the location to which the resources should report. Include any details such as special parking or entry instructions.
Contact on Arrival	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	Identify preferred routes, road closures and hazards to be avoided during travel. If overnight stay is included, specify how lodging will be provided.
Requested By	Completed by the individual requesting the resources, typically the Chief Radio Officer for the requesting agency.
Approved By	Completed by the authorizing official at the requesting agency.
Santa Clara County Op Area	
Reviewed By CRO	Completed by the RACES 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.