WASHINGTON
FIRE SERVICES RESOURCE
MOBILIZATION PLAN

Mobilization Manifest

Incident Name:	
Incident Number: WA-WFS-	
Resource Order Number:	

☐ Immediate Need ☐ Extended Attack ☐ Crew Change Out (Requires STL Approval)

Fire Jurisdiction	Contact Name / Phone	Federal Tax ID Number

Date/Time Request Received	Estimated Time of Departure	Estimated Date of Arrival	Estimated Time of Arrival

Equipment Type Requested	Equipment Type Sent	Vehicle License #	Equipment #	Equipment Cell Phone Number

Name				Name			
Agency (If different)				Agency (If different)			
Mailing Address				Mailing Address			
City		State		City		State	
Zip		Position		Zip		Position	
Paid By	☐ WSP ☐ Home Agency	Carded	☐ Yes ☐ No	Paid By	☐ WSP ☐ Home Agency	Carded	☐ Yes ☐ No

If WSP – Provide W4 and Waiver *If WSP – Provide W4 and Waiver*

Name				Name			
Agency (If different)				Agency (If different)			
Mailing Address				Mailing Address			
City		State		City		State	
Zip		Position		Zip		Position	
Paid By	☐ WSP ☐ Home Agency	Carded	☐ Yes ☐ No	Paid By	☐ WSP ☐ Home Agency	Carded	☐ Yes ☐ No

If WSP – Provide W4 and Waiver *If WSP – Provide W4 and Waiver*

Name				Name			
Agency (If different)				Agency (If different)			
Mailing Address				Mailing Address			
City		State		City		State	
Zip		Position		Zip		Position	
Paid By	☐ WSP ☐ Home Agency	Carded	☐ Yes ☐ No	Paid By	☐ WSP ☐ Home Agency	Carded	☐ Yes ☐ No

If WSP – Provide W4 and Waiver *If WSP – Provide W4 and Waiver*

E-mail a completed copy to both: (Preferred) **Optional Fax Number: (360) 596-3934**

FPBMobe@wsp.wa.gov **and** **EOC03@emd.wa.gov**

*****A COMPLETED MANIFEST MUST BE PROVIDED UPON ARRIVAL AT THE INCIDENT *****

Submit