



Mobilization Manifest

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

<input type="checkbox"/> Immediate Need		<input type="checkbox"/> Extended Attack		<input type="checkbox"/> 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	
Equipment Type Requested		Equipment Type Sent		Equipment Cell Phone Number	
		Vehicle License #		Equipment #	

Name				Name							
Agency (If different)				Agency (If different)							
Mailing Address				Mailing Address							
City	State			City	State						
Zip	Position			Zip	Position						
Paid By	<input type="checkbox"/> WSP	<input type="checkbox"/> Home Agency	Carded	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Paid By	<input type="checkbox"/> WSP	<input type="checkbox"/> Home Agency	Carded	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If WSP – Provide W4 and Waiver</i>						<i>If WSP – Provide W4 and Waiver</i>					

Name				Name							
Agency (If different)				Agency (If different)							
Mailing Address				Mailing Address							
City	State			City	State						
Zip	Position			Zip	Position						
Paid By	<input type="checkbox"/> WSP	<input type="checkbox"/> Home Agency	Carded	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Paid By	<input type="checkbox"/> WSP	<input type="checkbox"/> Home Agency	Carded	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If WSP – Provide W4 and Waiver</i>						<i>If WSP – Provide W4 and Waiver</i>					

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City	State			City	State						
Zip	Position			Zip	Position						
Paid By	<input type="checkbox"/> WSP	<input type="checkbox"/> Home Agency	Carded	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Paid By	<input type="checkbox"/> WSP	<input type="checkbox"/> Home Agency	Carded	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If WSP – Provide W4 and Waiver</i>						<i>If WSP – Provide W4 and Waiver</i>					

E-mail a completed copy to both: (Preferred)

Optional Fax Number: (360) 596-3934

FPBMobe@wsp.wa.gov

and

seoc104@mil.wa.gov

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