**EVIDENCE SEARCH MISSION REQUEST FORM**

**TO: WASHINGTON STATE EMERGENCY MANAGEMENT DIVISION**

**ATTENTION: SEOO**

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**FAX: 253-512-7203**

**TEL: 888-849-2727 / 800-258-5990**

**FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL:**   **PHONE:**  **FAX:**

**SUBJECT: *REQUEST FOR EVIDENCE SEARCH MISSION***

**1. JURISDICTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. AGENCY CONDUCTING SEARCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. OFFICER IN CHARGE ON SCENE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. DATE, TIME, AND LOCATION OF SEARCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**5. PURPOSE OF SEARCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**6. APPROXIMATE NUMBER OF EMERGENCY WORKERS, LISTED BY UNIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**7. ACTIVITY EMERGENCY WORKERS WILL BE ASSIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**8. *I CERTIFY THAT ALL EMERGENCY WORKERS WILL BE UTILIZED WITHIN THE SCOPE OF THEIR NORMAL EMERGENCY WORKER ASSIGNMENTS.***

**9. *I CERTIFY THIS ACTIVITY DOES* NOT *INVOLVE THE SEARCH FOR, APPREHENSION, DETENTION, OR ARREST OF A PERSON OR PERSONS IN THE ACT OF COMMITTING A CRIME OR WHO ARE SUSPECTED OF HAVING COMMITTED A CRIME.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Requesting Official Signature of Requesting Official Date**

***For Washington State Emergency Management Use Only***

**TO:**

**FROM: WASHINGTON STATE EMERGENCY MANAGEMENT DIVISION**

***Emergency worker program coverage is limited to registered volunteer emergency workers only. This evidence search mission number does not extend emergency worker program coverage to government employees, contractors, or nonregistered participants who may also be present at this evidence search. Only the state director and local directors of emergency management or their designees may register emergency workers. Criteria for temporary registration of emergency workers are listed in WAC 118-04-080(2). Nonregistered participants not meeting these criteria shall not be registered as temporary Emergency Workers solely to provide them Emergency Worker Program coverage during this evidence search.***

**Approved. # \_\_\_-ES-\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**WA EMD Authorizing Signature Date**