

**REQUEST FOR FIRE MANAGEMENT ASSISTANCE DECLARATION**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Room 7NE, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0058) NOTE: Do not send your completed form to this address.

1. STATE	2. DATE OF REQUEST	3. TIME OF REQUEST
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4. NAME OF GOVERNOR OR AUTHORIZED REPRESENTATIVE	PHONE NO. INCLUDING AREA CODE a. Day b. Night
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5. AGENCY REPRESENTED	ADDRESS (Street, City, Zip)
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**NOTE:** In making this request, the Government agrees to abide by provisions contained in FEMA-State Agreement for Fire Management Assistance under Section 420, PI 93-288 as amended. This request must be signed below by the Governor personally or by his authorized representative, whom he has previously authorized to sign this request in the FEMA - State Agreement.

6. SIGNATURE	TITLE	DATE
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I. EXISTING CONDITIONS

7. EXISTENCE OF HIGH FIRE DANGER CONDITIONS	a. TEMPERATURE	b. RELATIVE HUMIDITY	c. DIRECTION AND VELOCITY OF WIND
	d. PREVAILING WEATHER CONDITIONS AND PREDICTIONS FOR NEXT 24 HOURS		

8. NUMBER OF WILD FIRES	a. CONTROLLED	ACRES BURNED	b. UNCONTROLLED	ACRES BURNED
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c. EXISTENCE OF OTHER FIRES NEARBY WHICH LIMITS THE COMMITMENT OF STATE FIRE FIGHTING RESOURCES # \_\_\_\_\_

d. EXISTENCE OF OTHER FIRES NEARBY THAT MAY RESULT IN A CONFLAGRATION # \_\_\_\_\_

9. INDICIES	10. BURN BANS
<input type="checkbox"/> NATIONAL FIRE DANGER RATING SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> OTHER (KBDI, SPI, HAINES, PALMER, ETC.)	11. NATIONAL WATCHES      WARNINGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

II. FIRE SITUATION REPORT

12. TIME OF REPORT	13. NAME OF UNCONTROLLED FIRE	14. DATE
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15. LOCATION OF UNCONTROLLED FIRE: (County)	16. ACRES BURNING: a. FEDERAL _____ %    b. STATE _____ %    c. PRIVATE _____ %
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17. MANPOWER AND RESOURCES COMMITTED (Attach separate sheet if necessary)	
STATE:	LOCAL:

18. TYPE AND AMOUNT OF FEDERAL OR OTHER ASSETS & RESOURCES NEEDED: (FEMA does not order resources)
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III. CURRENT THREAT

19. THREAT TO LIFE: a. PREPARATIONS MADE FOR EVACUATION?  YES  NO b. PERSONS EVACUATED:  
# \_\_\_\_\_ # \_\_\_\_\_

20. NAME AND LOCATION OF COMMUNITY THREATENED

CITY	TOWN	ADDITIONAL INFORMATION
SUBDIVISION		

21. CASUALTIES	22. THREAT TO PRIVATE PROPERTY (Dwellings)
1. CIVILIAN LOSS OF LIFE _____	1. NUMBER OF HOMES _____
2. CIVILIANS INJURED _____	a. % OF PRIMARY _____ b. % OF SECONDARY _____
3. FIRE FIGHTERS LOSS OF LIFE _____	
4. FIRE FIGHTERS INJURED _____	

23. THREAT TO FACILITIES (Include number when applicable)

	AMOUNT	TYPE		AMOUNT	TYPE
<input type="checkbox"/> BUILDINGS			<input type="checkbox"/> RECREATION		
<input type="checkbox"/> ROADS & BRIDGES			<input type="checkbox"/> EQUIPMENT		
<input type="checkbox"/> INFRASTRUCTURE			<input type="checkbox"/> BUSINESS		
<input type="checkbox"/> UTILITIES			<input type="checkbox"/> OTHER		

ADDITIONAL INFORMATION

24. THREAT TO RESOURCES

<input type="checkbox"/> WATERSHED	<input type="checkbox"/> WILDLIFE (Type threatened, fur-bearing animals, big game, etc.)
<input type="checkbox"/> IRRIGATION	<input type="checkbox"/> ENVIRONMENTAL RESOURCES (bio-diverse areas, etc.)
<input type="checkbox"/> FLOOD CONTROL	<input type="checkbox"/> CULTURAL RESOURCES
<input type="checkbox"/> FISHING STREAMS & SPAWNING SITES	<input type="checkbox"/> ECONOMIC INJURY

ADDITIONAL INFORMATION

IV. STATE ASSESSMENT

25. EMERGENCY MANAGEMENT ASSESSMENT OF THE SITUATION

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

26. FORESTRY ASSESSMENT OF THE SITUATION

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR FEMA REGIONAL USE ONLY**

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_