

EMD-079 TRAINING MISSION REQUEST
(See [WAC 118-04-280](#) for Instructions)

To: Search and Rescue Coordinator
Emergency Management Division
Amy.Allbritton@mil.wa.gov

Training Mission No: _____
(Assigned by State EMD)

Unit Information

1. Name of Requesting Unit: _____
2. Date and Time of Training: _____
Dates and Times Vary? Yes No If yes, attach schedule.
3. Location of Training Site: _____
(Address or USNG) Locations Vary? Yes No If yes, attach schedule.
4. Number of Participants Expected: _____ Are all participants members of the requesting unit? Yes No
If No, List Other Units: _____
5. Training Objective(s) and References: _____

Curriculum, plan of instruction, or outline MUST accompany request.

6. Will Aircraft or UAV Be Involved? Yes No If Yes, Give Type, Ownership, and Intended Use: _____
7. Will Watercraft or ROV Be Involved? Yes No If Yes, Give Type, Ownership, and Intended Use: _____

The undersigned acknowledges that an EMD-078 Form or equivalent must be completed and forwarded to the state Emergency Management Division within 15 days of the completion of this authorized training.

Prepared By: _____ Date: _____
Organization: _____

Local Authorized Official

8. This Training Specifically Conforms to What Local Emergency Management Plan? _____

Signature: _____ Date: _____
Organization: _____ Title: _____

Washington State EMD

Your request to conduct training is described as: Approved Denied See Page #2

Date: _____ Authorizing Signature
Emergency Management Division
State of Washington