

EVIDENCE SEARCH MISSION REQUEST FORM

TO: WASHINGTON STATE EMERGENCY MANAGEMENT DIVISION
ATTENTION: SEOO
Email: DutyOfficer@mil.wa.gov
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: _____

5. PURPOSE OF SEARCH: _____

6. APPROXIMATE NUMBER OF EMERGENCY WORKERS, LISTED BY UNIT: _____

7. ACTIVITY EMERGENCY WORKERS WILL BE ASSIGNED: _____

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