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

To: Search and Rescue Coordinator
Emergency Management Division
sar@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