EMD-079 TRAINING MISSION REQUEST

(See WAC 118-04-280 for Instructions)

To: Search and Rescue Coordinator	Training Mission No:
Emergency Management Division	(Assigned by State EMD)
sar@mil.wa.gov	
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.
·	all participants members of the requesting unit? Yes No
5.Training Objective(s) and References:	
Curriculum, plan of instruction, or outline MUST acc	
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 state Emergency Management Division within 15 days o	·
Prepared By:	Date:
Organization:	
Local Authorized Official	
8. This Training Specifically Conforms to What Loc	al Emergency Management Plan?
c. The framing openious, comemic to What Lee	ar Emergency Management Flam.
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