

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

**TO:** Search and Rescue Coordinator  
Emergency Management Division  
Camp Murray WA 98430-5122  
FAX: 253-512-7203

**Mission No:** \_\_\_\_\_  
(Assigned by State EMD)

1. Name of Requesting Unit: \_\_\_\_\_
2. Chairman of Leader Of Unit: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Date(s) of Training Mission: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_
4. Location of Training Site: \_\_\_\_\_ USNG: \_\_\_\_\_
5. Number of Participants Expected: \_\_\_\_\_ All Members of Requesting Unit? [ ] Yes [ ] No
6. If No, List Other Units: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Will Aircraft Be Involved? [ ] Yes [ ] No If Yes, Give Type, Ownership And Intended Use.  
\_\_\_\_\_  
\_\_\_\_\_

8. Training Objective(s): \_\_\_\_\_  
\_\_\_\_\_

9. This Training Specifically Conforms To What Local Plan ? \_\_\_\_\_  
Annex \_\_\_\_\_ Tab \_\_\_\_\_ ESF \_\_\_\_\_

10. Training course curriculum, plan of instruction, or course outline on file with the state: [ ] Yes [ ] No  
(If no, then curriculum, plan of instruction, or outline MUST accompany request. ICS-201 is preferred format)

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

Requestor	Local Emergency Management Director
Organization	Organization
Address	Address
Date	Date

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**TO:** Local Emergency Management Director

**FROM:** Washington State Emergency Management Division

Your request to conduct training as described is: [ ] Approved [ ] Disapproved [ ] See Page #2

Date:	Authorizing Signature Emergency Management Division State of Washington
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