

REQUEST FOR NATIONAL GUARD ASSISTANCE

The proponent agency is NGB-J3/DO. The prescribing directive is NGR 500-3/ANGI 10-2503.

FOR OFFICIAL USE ONLY - (Once Completed)

1. DATE / TIME OF REQUEST: (YYYYMMDD / HH:MM Z)

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2. PRIORITY:

FLASH

IMMEDIATE

PRIORITY

ROUTINE

EXERCISE

3. RECEIVED BY:

OFFICE:

PHONE:

EMAIL:

4. REQUESTED BY:

OFFICE:

PHONE:

EMAIL:

REQUEST SPECIFICATIONS

5. CAPABILITY REQUIRED (What assistance is needed?) :

6. SITUATION (Why is assistance needed?) :

7. LOCATION (Where is assistance needed?) :

ADDRESS:

CITY:

STATE:

ZIP:

8. TIME (When is assistance needed?) :

START DATE / TIME:

/

END DATE / TIME:

/

9. SUPPORTED INCIDENT COMMANDER (Who needs assistance?) :

NAME:

OFFICE:

PHONE:

EMAIL:

ADDRESS:

CITY:

STATE:

ZIP:

REQUIREMENT VALIDATION

WAS RECEIVED FROM PROPER AUTHORITY

10. REQUIREMENT VALIDATED BY:

SUPPORTS THE LOCAL/STATE RESPONSE

NAME: _____

IS LEGAL, ETHICAL, AND MORAL

SIGNATURE: _____

IS APPROPRIATE FOR UNIT TASKED

DATE / TIME: _____ / _____

MISSION NUMBERS

11. NATIONAL GUARD MISSION NUMBER:	12. STATE MISSION NUMBER:	13. FEDERAL MISSION NUMBER:
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NOTIFICATIONS

NOTIFIED	DATE / TIME NOTIFIED	NAME OF INDIVIDUAL NOTIFIED	SIGNATURE OF INDIVIDUAL NOTIFIED
14. UNIT	/		
15. DOMS	/		
16. TAG	/		
17. NGB-JOC	/		
18. STATE EMA	/		

19. ADDITIONAL REMARKS: