



ARES Deployment Form

Name _____ Call Sign _____

Date:		Time:	
Deployment Requested by:		Phone:	
Requesting Agency:		<input type="checkbox"/> Agency Will Issue DSW?	
Type of Incident:	Incident Name:		Activation Number:
Assignment Task:			
Assignment Address (Street, City):			
Assignment Contact Name:		Contact Phone Number:	
Local Contact Radio	Frequency (Offset)	PL Tone	
Assignment Start Time:		Length Of Assignment:	
Lodging Information:			
Meals (Special Requirements)			
Special Equipment Requirements			
<input type="checkbox"/> HT	<input type="checkbox"/> Message forms	<input type="checkbox"/> Packet	<input type="checkbox"/>
<input type="checkbox"/> Mobile	<input type="checkbox"/> Log Forms	<input type="checkbox"/> Fldigi	<input type="checkbox"/>
<input type="checkbox"/> HF	<input type="checkbox"/> Mag-mount Ant.	<input type="checkbox"/> Computer	<input type="checkbox"/>
<input type="checkbox"/> Backup Power Required	<input type="checkbox"/> Tripod + Mast + Antenna	<input type="checkbox"/>	<input type="checkbox"/>
Travel Frequency (Resource Net)			
Repeater	Frequency (Offset)	PL Tone	
1.			
2.			
Starting Odometer Reading:	Ending Odometer Reading:	Total Mileage:	
Departure Date & Time:	Return Date & Time:	Total Time:	
Vehicle License #	Vehicle Make and Model		



ARES Assignment Form

Name _____ Call Sign _____

Assignment Location:	Tactical Call Sign:
Direct Agency Supervisor:	ARES Supervisor:
Assignment Duties:	
Shift Hours:	
1.	2.
3.	4.
End of Shift Replacement - Name and Call Sign:	
Route Messages to:	
Message Runner's Name:	
Assigned Radio Frequencies:	
Special Instructions / Information:	