



# 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)			
<b>Special Equipment Requirements</b>			
<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"/>
<b>Travel Frequency (Resource Net)</b>			
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 \_\_\_\_\_

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