

IFCA RESOURCE EXTENSION FORM

IFCA CREW and INCIDENT INFORMATION

Company Name: _____ IFCA No.: _____

Incident Name: _____ Incident No.: _____ Request No.: _____

EXTENSION INFORMATION

Prior to any extension, the health, readiness and capability of the crew will be considered. The health and safety of incident of incident personnel and resources will not be compromised under any circumstances.

** (D 8.0) Crews cannot be extended more than 30 days (inclusive of R&R and exclusive of travel).

Length of Extension and Last Work Day: _____

Justification (Select One):

- Life and property are imminently threatened,
- Suppression objectives are close to being met, or
- Replacement resources are unavailable or have not yet arrived.

Mandatory R&R Day(s) will be taken on: _____

R&R Instructions (Select One): ***The first two selections are paid at 8 hour guarantee rate.

- Government directed R&R at ICP/Fire Camp ***
- Government directed R&R at specified location away from ICP/Fire Camp ***
- Government directed R&R at Contractor DDL/home
- Government allows Contractor to choose R&R location
- Government directed R&R at specified location, but Contractor chooses to R&R elsewhere

Additional Documentation (if needed): _____

Requested By:

Incident Supervisor: _____ Incident Position: _____
(print/sign legibly) Contact Phone: _____ Date: _____

Approved By:

IFCA Contractor/CRWB: _____ Date: _____

Team IC, Deputy IC or OSC: _____
(print/sign legibly) Contact Phone: _____ Date: _____