

# 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 / HHMM Z)

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

☐

SUPPORTS THE LOCAL/STATE RESPONSE

☐

IS LEGAL, ETHICAL, AND MORAL

☐

IS APPROPRIATE FOR UNIT TASKED

10. REQUIREMENT VALIDATED BY:

NAME:

SIGNATURE:

DATE / TIME:

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