



Connecticut Department of Emergency Services and Public Protection
 Division of Emergency Management and Homeland Security
 Approval of Activation of **Mobile Communications Vehicle** Under Title 28



Activation for: Emergency / Training / Pre-planned Event (Circle one)

Requested By: _____ (Be sure to include first and last name, title, and town requesting)

Date of Emergency/Training/Event : _____

Starting Time of Emergency/Training/Event: _____ Ending Time of Emergency/Training/Event: _____

Location of Emergency/ Training/Event: (street address, town, state, zip code)

Reason for the Emergency/Training/Event:

Specific details of the proposed activities to be taken: **(PLEASE NOTE THAT THIS VEHICLE HAS A 12'7" MINIMUM CLEARANCE AND REVIEW ROUTE FOR ANY OBSTRUCTIONS BEFORE THE DEPLOYMENT)**

_____/_____/_____: Signature of Requesting Municipality: Date

_____/_____/_____: Signature of Regional Coordinator Date RECOMMEND: YES NO (Circle One) Regional Coordinator
 If no, please explain: _____

_____/_____/_____: Signature of DESPP Field Support Manager/ Operations, Training and Exercise Manager Date
 RECOMMEND: YES NO (Circle One) Field Support Manager/ Operations Training and Exercise Manager may approve emergency activation if authority has been delegated.
 If no, please explain: _____

_____/_____/_____: Signature of DEMHS Deputy Commissioner/Director: Date
 DESPP/DEMHS-MCV 1 (12/5/2014)

Approve **Disapprove**

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TO BE FILLED OUT BY THE EMD OF THE AGENCY HOUSING MCV

It is understood and acknowledged that the MCV shall be driven and staffed only by pre-qualified individuals from the responding agency and/or from DESPP. Individuals participating in activation/training on behalf of the Agency Housing MCV include:

Name Last	Name First	Function (Driver, Operator, etc)	Street Address	City/Town	Phone number

SIGNATURES

_____/_____/_____: _____/_____/_____:
 Local Emergency Management Director Date DESPP/DEMHS Deputy Commissioner/ State EMD: Date
 of the Municipality of Agency Housing the MCV:

By signing the names of the individuals staffing the MCV, the local EMD of the Municipality of the Agency Housing the MCV is certifying that these individuals have received appropriate training, have appropriate licenses, and have been sworn in under Connecticut General Statute 28-12 as civil preparedness force members, and that no other individuals shall have access to operate or perform any function in or on the MCV. If the request is an imminent emergency, the local EMD of the requesting municipality or Incident Commander will orally request the activation through the Regional Coordinator/Duty Officer and then follow up with a written request as soon as possible but not more than 24 hours after the initial request is made. The local EMDs will maintain a log of all requests submitted to DEMHS for review.

**Connecticut Department of Emergency Services and Public Protection
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Log-MCV:

Town Requesting Approval for MCV Activation/Training or Town Housing MCV:

Town	Activation	Training	Date	Time Submitted	Requested by	Approved	Disapproved	Comments