ILLINOIS PRE-DEPLOYMENT ROSTER

MABAS DIVISION # 2 TYPE ____ single resource ____ Taskforce _____Strike Team
_____ Haz Mat ____ TRT ____ Water Team

UNIT LEADER (PLEASE INDICATE TWO)

NAME: DEPT. CELL#

NAME: DEPT. CELL#

PERSONNEL ASSIGNED

NAME	RANK	DEPARTMENT	SOCIAL SECURITY # OR Dept. ID #

CONVOY VEHICLE INFORMATION (Including Personnel Transport Vehicles)

DEPARTMENT	VEHICLE #	TYPE OF VEHICLE

SECURITY VALIDATION CODE WILL BE GIVEN TO THE OFFICIER IN CHARGE AFTER RED CENTER RECEIVES THIS COMPLETED DOCUMENT
Email to dispatch@redcenter.org or SENT VIA EMnet to IL.121