



State of New Hampshire Department of Safety

John J. Barthelmes, Commissioner

Earl M. Sweeney, Assistant Commissioner

Homeland Security and Emergency Management

Christopher M. Pope, Director

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LOGISTICS TRAILER REQUEST FORM FOR TRAINING/DRILLS/EXERCISES

To request a logistics trailer for training, drills or exercises, this form must be completely filled out by the requesting community, to include approval by the host community, and then faxed (225-7341) or mailed to the Department of Safety, Homeland Security and Emergency Management, Operations Section.

Homeland Security and Emergency Management must receive this request four weeks prior to intended use for approval consideration.

The form must clearly state the nature of the request, specify a point of contact and phone numbers, to ensure Homeland Security and Emergency Management personnel can coordinate all necessary arrangements.

Request Date: \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Title: \_\_\_\_\_

Requesting Agency/Town: \_\_\_\_\_

Requesting Agency/Town Point of Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone#: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Type and Name of Event: (Training, Drill, Exercise, Demonstration, etc.) \_\_\_\_\_

Date of Event: \_\_\_\_\_

When does the trailer physically need to be at the site? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address of and directions to delivery site: \_\_\_\_\_

When can the trailer be picked up at this same site? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Host Community Authorization:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

State Authorization:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_