



Connecticut Department of Emergency Management and Homeland Security

Approval of Activity of Medical Reserve Corps (MRC) Units and DEMHS Regional MRC Response Teams

Activation /Training Requested By: _____
(Be sure to include first name, last name, title of position, and town requesting):

Date of Activity/Training: _____

Starting Time of Activation/Training: _____

Ending Time of Activation/Training: _____

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

Reason for the activation/training:

Specific details of the proposed activities to be taken:

Signature of EMD: _____ / / _____ : Signature of MRC Unit Leader _____ / / _____ :

DEMHS Regional Coordinator Recommendation Rec'd _____ / / _____ Date DPH State MRC Coordinator Approval received: _____ / / _____ Date

Signature of DEMHS Director: _____ / / _____ **Approve** **Disapprove**

