I. Incide	ent Name/Number	2. Date/Time	3. Demob. No.		
L Init/E	Personnel Released				
. Only					
5. Trans	portation Type/No.				
6. Actual Release Date/Time		7. Manifest? 🗌 Yes 🔲	7. Manifest? 🗌 Yes 🗌 No Number		
3. Destir	nation	9. Notified: Agency	9. Notified: Agency Region Area Dispatch		
		Nam	Name:		
		Date	Date:		
10. Unit	Leader Responsible for Collecting Performance Rating				
	11	. Unit/Personnel			
	nd your resources have been released subje	ct to sign off from the following:			
	b. Unit Leader check the appropriate box cs Section				
_					
	Supply Unit				
	Communications Unit				
	Facilities Unit				
	Ground Support Unit Leader				
Plannir	ng Section				
	Documentation Unit				
Financ	e Section				
	Time Unit				
Other					
12. Rem	arks				

		EMOBILIZATION CI	HECKOUT			
1. Incide	nt Name/Number		2. Date/Time	3. Demob. No.		
4. Unit/P	ersonnel Released					
5. Trans	portation Type/No.					
6. Actual Release Date/Time			7. Manifest? Yes No Number			
8. Destir	nation		9. Notified: Agency Region Area Dispatch			
			Name:			
			Date:			
10. Unit	Leader Responsible for Collecting Performation	e Rating				
		11. Unit/Persor	nnel			
You an	d your resources have been releas	d subject to sign off f				
	 Divit Leader check the appropriation cs Section 	DOX				
	Supply Unit					
	Communications Unit					
	Facilities Unit					
	Ground Support Unit Leader					
Plannir	ng Section					
	Documentation Unit					
Financ	e Section					
	Time Unit					
Other						
12. Remarks						
12 Dec -	ared by (include Date and Time)					
is. Prep	ared by (include Date and Time)					

DEMOBILIZATION CHECKOUT							
1 Incide	nt Name/Number	DBILIZATION CHI	2. Date/Time	3. Demob. No.			
1. 110100			2. 246, 1110	0. 201100. 110.			
4. Unit/Personnel Released							
5. Trans	portation Type/No.						
6. Actual	Release Date/Time		7. Manifest? 🗌 Yes 🔲 No Number				
8. Destin	ation		9. Notified: Agency Region Area Dispatch				
			Name:				
			Date:				
10. Unit	Leader Responsible for Collecting Performance Rat	ng					
		11. Unit/Personr					
You an	d your resources have been released su						
Demob	. Unit Leader check the appropriate box						
Logistic	cs Section						
	Supply Unit						
	Communications Unit						
	Facilities Unit						
	Ground Support Unit Leader						
Plannir	g Section						
	Documentation Unit						
Finance	e Section						
	Time Unit						
Other							
12. Remarks							
13. Prepared by (include Date and Time)							