# Delegation of Authority for Incident Name

# Date:

# To: Incident Commander –*Name of IC*

*From: Forest Service, BLM Unit, State Agency, others*

Subject: *Incident Number, and jurisdictional unit*

Effective at *XXXX hours* on *Provide the Date*, You are delegated authority for the management of the *XXXX* Incident on the *XXXX Jurisdictional* Unit – *include other jurisdictions if needed.* You have full authority for fire management activities on *this/these jurisdiction(s)* within the framework of law, agency policies, and direction provided within the Delegation of Authority, Wildland Fire Decision Support System Decision, *the Leader’s Intent Letter* and the Team Briefing Package provided.

This Delegation carries with it the full authority for the management of the resources (personnel and equipment), costs, and rehabilitation of fire management efforts directly associated with this *incident(s).* Your primary responsibility is to organize, manage and direct your assigned resources for safe, efficient and effective management of the fire. You are accountable to the Agency Administrator or designated representative.

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Agency Administrator Date/Time

*Agency/Jurisdictional Unit*

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*Agency Administrator Date/Time*

*Agency/Jurisdictional Unit*

I accept this Delegation:

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Incident Commander Date/Time