



NEW MEXICO DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT

EXERCISE WAIVER FORM

Incident Name _____

Jurisdiction _____

Threat / Hazard _____

Dates of local EOC activation to support incident _____

Narrative requesting the need to waive *one exercise requirement due to this local incident

Core Capabilities being tested

Attachments

- Local EOC IAP / Comprehensive Action Plan identifying scope of incident, scope of EOC activation including agencies in the EOC activation

Name (Print): _____ Title: _____

Signature: _____ Date: _____

*If incident and respective local EOC activation overlaps the majority of two performance periods/fiscal years, submit one Exercise Waiver Form for each performance period/fiscal year.

FOR DHSEM USE ONLY

Received: _____

Approved: _____ or Denied: _____