





**EASTERN WASHINGTON INTERAGENCY TRAINING ZONE**

Course Number <b>S-130/S-190</b>	Course Name <b>S-130 Firefighter Training S-190 Intro to Wildland Fire Behavior</b>	PRIORITY ____ of ____
<b>IQCS Session Number</b>	Course Location <b>Davenport, WA</b>	Course Date(s) <b>March 6-8</b>
Course Tuition (if required) <b>N/A</b>	Course Coordinator Name (First Last) <b>Debbie Plummer</b>	Course Coordinator Phone Number <b>(509) 536-1235</b>
Course Coordinator E-Mail <b>dplummer@blm.gov</b>	Course Coordinator FAX Number <b>(509) 536-1285</b>	Date Submitted

**Employee's IQCS ID Number:**

Nominee's Name (First MI Last)

Working Job Title	E-Mail
Agency Name	Fax

Home Unit	Nominee's Mailing Address (if different)					
Street	Street					
City	State	City	State			
Zip	Telephone	Zip	Telephone			

List training completed and dates pertinent to this course:

List your past qualifications pertinent to this course:

Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)

Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)

Remarks:

