

Training Announcement

S-130, S-190, L-180 Basic Wildland Firefighter

Nominations due February 14, 2010

Minimum number of students: 12

Maximum number of students:24

COURSE DESCRIPTION:

This course is designed to provide entry level firefighter skills. Certificates will be issued that include S-130 Basic Wildland Firefighter, S-190 Introduction to Wildland Fire Behavior, and L-180 Human Factors on the Fire Line. Course content will include both classroom instruction and hands on field exercises. These courses, along with the pre-requisite I-100, meet the education requirements for NWCG Firefighter Type II (FFT2).

DATES AND TIMES OF CLASSES:

February 26 1800 – 2200

March 6 1800 – 2200

February 27 0800 – 1700

March 7 0800 – 1700

February 28 0800 - 1700

PREREQUISITES:

I-100 Introduction to Incident Command System. This course is available on line at:

<http://training.fema.gov/EMIWeb/IS/is100.asp>

Incident command will be reviewed, but students will need to have completed I-100 prior to the start of this class. A copy of the student's certificate of completion for I-100 should be brought to class. Those without this documentation will not be allowed to participate.

COST:

No cost

LOCATION:

Fire Station 82; 12100 E Palouse Highway Valleyford, WA 99036

LEAD INSTRUCTOR / COURSE COORDINATOR:

Tom Hatley

Division Chief of Training; STEN

(509) 926-6699

E-mail, Mail or FAX NWCG Training Nomination Form to:

thatley@scfd8.org

Spokane County Fire District 8

PO Box 345, 12100 E Palouse Hwy

Valleyford WA 99036

(509) 924-8358



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Part I TRAINING NOMINATION

Course Number S-130, S-190	Course Name Firefighter Type 2	PRIORITY ____ of ____
IQCS Session Number N/A	Course Location	Course Date(s)
Course Tuition (if required) NONE	Course Coordinator Name (First Last) Tom Hatley	Course Coordinator Phone Number 509-926-6699
Course Coordinator E-Mail thatley@scfd.8.org	Course Coordinator FAX Number 509-924-8358	Date Submitted
Employee's IQCS ID Number: N/A if WA Fire Service or DNR		
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	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:		