



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement

S-200 Initial Attack Incident Commander

Nominations due February 12, 2010

An NWCG nomination form **MUST** be submitted for student selection.

Minimum number of students: 15

Maximum number of students: 25

Objective: This course is designed to meet the training needs of the ICT4. It is presented in a lecture/ discussion format and supplemented with group exercises. The six instructional units cover: Readiness and Mobilization; Size-up, Planning and Ordering; Deployment and Containment; Administrative Requirements; and Post-Fire Evaluation. Evaluation of the student is by unit test and final examination.

DATES OF CLASSES: February 27th AND February 28th, 2010

PREREQUISITES: Qualified as any single resource boss.

TARGET GROUP: Personnel desiring to be qualified as an incident commander type 4 (ICT4)

LOCATION: Leavenworth, WA – Chelan County Fire District 3 Station31
228 Chumstick HWY, Leavenworth

CLASS SIZE: Maximum 25 Students

COST: No Fee

COURSE COORDINATORS: Dave Nalle, 509-548-2582

Mail, e-mail or FAX registrations to:

Dave Nalle
Wenatchee River RD - USFS
600 Sherbourne
Leavenworth, WA 98826
509-548-2582 Work Phone
509-548-0917 FAX

dnalle@fs.fed.us

NWCG INTERAGENCY TRAINING NOMINATION
AND
AGREEMENT TO COLLECT FUNDS

INSTRUCTIONS: Complete Part I. Complete PART II only if there are charges for the training.

Part I TRAINING NOMINATION

Course Number S-200	Course Name Initial Attack Incident Commander	PRIORITY ____ of ____
IQCS Session Number	Course Location Chelan County #3 Station 31	Course Date(s) 2/27-2/28
Course Tuition (if required)	Course Coordinator Name (First Last) Dave Nalle	Course Coordinator Phone Number 509-548-2582
Course Coordinator E-Mail dnalle@fs.fed.us	Course Coordinator FAX Number 509-548-0917	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:		

