



**EASTERN WASHINGTON INTERAGENCY TRAINING ZONE**

*Training Announcement*  
**S-200 Initial Attack Incident Commander**

This course is designed to meet the training needs of the ICT4. It is presented in a discussion/exercise format. The six instructional units cover: Foundation Skills; Intelligence Gathering and Documentation; Size Up the Incident; Develop a Plan of Action; Post-fire Activities; Evaluating Incident Objectives and Manage the Incident.

**DATES OF CLASS:** May 14th & 15th, 2009 (0800-1700 hrs)

**PREREQUISITES:** Qualified as any Single Resource Boss

**NOMINATIONS:** Please return Registration or Nomination Form by April 15<sup>th</sup>.

**LOCATION:** Spokane Valley Fire Training Center  
2411 N. Pioneer Lane, Spokane Valley, WA

**COST:** None

**CANCELLATIONS:** Please notify the Course Coordinator as soon as possible. Please substitute qualified individuals freely.

**DEADLINE FOR REGISTRATION:** April 15<sup>th</sup>, 2009

**MAIL, FAX, or EMAIL REGISTRATIONS TO:**  
Captain Jon Sprague  
Spokane Valley Fire Dept. 10319 E. Sprague Ave. Spokane Valley, WA 99206  
Phone: 509-998-1569 FAX: 892-4125 Email: firemansvfd@comcast.net

*Please print information clearly.*  
**REGISTRATION: S-200 Initial Attack Incident Commander**

Name \_\_\_\_\_ IQCS / IQS \_\_\_\_\_

Agency Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email\*\* \_\_\_\_\_

Sponsoring Fire Agency \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature of Fire Chief or Training Officer Title Date

\*\* Please include an email address so we can send your confirmation and pre-course work to you as soon as possible after the registration closing date.

**NWCG INTERAGENCY TRAINING NOMINATION  
AND AGREEMENT TO COLLECT FUNDS**

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

**Part I - TRAINING NOMINATION**

Course Number:	Course Name:	Priority _____ of _____	
IQCS Session Number:	Course Location:	Course Date(s):	
Course Tuition (if required):	Course Coordinator Name (First Last):	Crse. Coord. Phone:	
Date Submitted:	Crse Coord. E-Mail:	Crse Coord. FAX:	
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:			

**PART II - AGREEMENT TO COLLECT FUNDS (Complete only if there is a tuition charge)**

**Course Name:** \_\_\_\_\_ **Nominee Name:** \_\_\_\_\_

Please check the section appropriate to the legal authority to collect monies and complete the address/signature block. This form must be signed by an individual with authority to sign agreements and obligate the funds listed. Note: Tribal governments are not covered by the Intergovernmental Cooperation Act of 1968.

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**NON-FEDERAL AGENCIES:** Contractor, states, local governments engaged in fire suppression and protection of public lands. This training, payment, and collection is duly authorized under the Intergovernmental Cooperation Act of 1968 as amended by the act of September 13, 1982 (P.L 97-258), Section 6505. The NWCG Interagency Training Nomination constitutes written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signature is also certifying services requested cannot be procured reasonably and expeditiously through ordinary business channels and funds are available. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE (Include required fiscal references): \_\_\_\_\_

Agreement Number: \_\_\_\_\_  
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**OTHER FEDERAL AGENCIES:** This training, payment, and collection is duly authorized under Section 601 of the Economy Act of June 30, 1932 (31 USC 1535) as amended. The NWCG Interagency Training Nomination constitutes the required written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signatures is also certifying services requested are in the best interest of the United States; cannot be procured by contract as conveniently or cheaply from a commercial source and appropriate funds are available for this purpose. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE (Include agency location): \_\_\_\_\_

Agreement Number: \_\_\_\_\_  
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**SAME AGENCY AS PROVIDER:** The NWCG Interagency Training Nomination constitutes agreement to pay charges as outlined in nomination materials. Authorizing signature certifies funds are available for this purpose.

COMPLETE CHARGE CODE (Including Override): \_\_\_\_\_

Agreement Number: \_\_\_\_\_  
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**ADDRESS/SIGNATURE:**

Billing address (if different than Sponsor or Agency Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED TO EXPEND FUNDS LISTED ABOVE:**

**AGREES TO PROVIDE TRAINING REQUESTED:**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_