



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement

S-215 Fire Operation in the Wildland/Urban Interface

Nominations due JANUARY 23, 2009

Minimum number of students: 15

Maximum number of students: 25

Objective: This course provides the student with the skills and knowledge to size-up a wildland/urban interface (WUI) fire incident, evaluate the potential situation, order and deploy necessary resources, and apply safe and effective strategy and tactics to minimize the threat to life and property.

DATES OF CLASSES: February 14-15 AND 21-22, 2009

PREREQUISITES: Wildland Agencies: Qualified Firefighter Type 1
Structural Departments: Completed Intro to ICS (I-100), Human Factors (L-180), Firefighter Training (S-130), Intro to Wildland Fire Behavior (S-190), and Firefighter Type 1 (S-131); or equivalent training.

All students must be knowledgeable of their agency firefighting policy as it relates to WUI fires.

TARGET GROUP: Wildland Agencies: required for Initial Attack IC (ICT4) and Strike Team/Task Force Leader
Structural Departments: training is appropriate for engine operators, chief officers and company officers responsible for structure protection in the WUI.

LOCATION: Chelan, WA – Chelan County Fire District 7 Station1

COURSE COORDINATORS:

Richard Zones Douglas County Fire #1 Cell 509-669-2818	Dave Nalle Wenatchee River RD - USFS 600 Sherbourne Leavenworth, WA 98826 509-548-2581
FAX #509-745-8756	
DCFD1@nwi.net	dnalle@fs.fed.us

Mail, e-mail or FAX registrations to: Richard Zones

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-215	Course Name Fire Operations in the Wildland/Urban Interface	PRIORITY ____ of ____
IQCS Session Number	Course Location Chelan County #7 Station 1	Course Date(s) 2/14-15 & 21-22/2009
Course Tuition (if required)	Course Coordinator Name (First Last) Richard Zones	Course Coordinator Phone Number 509-669-2818
Course Coordinator E-Mail DCFD1@nwi.net	Course Coordinator FAX Number 509-??	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:		

