



## **Training Announcement**

### **(S-215)-(Firefighting Operations in the Wildland Urban Interface)**

**Nominations due March 14, 2008**

Minimum number of students: (12)

Maximum number of students (24)

**COURSE DESCRIPTION:** This course is designed to assist structure and wildland firefighters who will be making tactical decisions when confronting wildland fire that threatens life, property, and improvements, in the wildland/urban interface.

#### **OBJECTIVES:**

- Provide students with the skills and knowledge to size-up a wildland/urban interface fire incident, evaluate the potential situation, order and deploy the necessary resources, and apply safe effective strategy and tactics to minimize the threat to life and property.

**DATE(S) OF CLASSES:** Thursday April 10, 2008 from 1800-2200 &  
Friday April 11, 2008 thru Sunday April 13, 2008 from 0830-1730

**PREREQUISITES:** Students should be SRB qualified

**LOCATION:** Fire Training Center  
1811 S. Ely  
Kennewick, WA. 99337

**LEAD INSTRUCTOR:**

**COURSE COORDINATOR:** Jeff Ripley

**FAX or E-mail registrations to:** April Smith  
1811 S. Ely  
Kennewick, WA. 99337  
Fax: (509) 586-8761  
E-mail: [staff@bentonone.org](mailto:staff@bentonone.org)

\*This class is required for Strike Team Leader and above\*



**EASTERN WASHINGTON INTERAGENCY TRAINING GROUP**

**Part I TRAINING NOMINATION**

Course Number <b>S-215</b>	Course Name <b>Firefighting Operations in the Wildland Urban Interface</b>	PRIORITY ____ of ____
IQCS Session Number	Course Location <b>Fire Training Center 1811 S. Ely, Kennewick WA. 99337</b>	Course Date(s) <b>4/10 1800-2200 4/11-13 0830-1730</b>
Course Tuition (if required)	Course Coordinator Name (First Last) <b>Jeff Ripley</b>	Course Coordinator Phone Number <b>(509)585-4378</b>
Course Coordinator E-Mail <b>staff@bentonone.org</b>	Course Coordinator FAX Number <b>(509) 586-8761</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: