



## **EASTERN WASHINGTON INTERAGENCY TRAINING ZONE**

# **Training Announcement**

## **S-234 Fire Operation in the Wildland/Urban Interface**

**Nominations due February 4, 2010**

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

Minimum number of students: 15

Maximum number of students: 30

**Objective:**

- Describe the roles and responsibilities of the FIRB for planning, execution, safety, and coordination of an ignition operation on a wildland or prescribed fire.
- Describe the specialized firing devices, their characteristics, applications, safety and transpiration requirements, maintenance needs and availability.
- Prepare a briefing that contains desired fire behavior, firing techniques, necessary resources, coordination, communication, and evaluation.

**DATES OF COURSE:** February 19-20, 2011

**PREREQUISITES:** Intermediate Wildland Fire Behavior (S-290)

**TARGET GROUP:** Personnel desiring to be qualified as firing boss, single resource(FIRB) and resource personnel involved in fire use.

**COST:** No fee

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

**Course Coordinator**

**Walter Escobar  
Wenatchee River RD-USFS  
600 Sherbourne  
Leavenworth, WA 98826  
509-548-2590**

*FAX #509-548-0917*

[walterescobar@fs.fed.us](mailto:walterescobar@fs.fed.us)

**Mail, e-mail or FAX registrations to: Walter Escobar**

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-234	Course Name Ignition Operations	PRIORITY ____ of ____
IQCS Session Number	Course Location Chelan County #3 Station 31	Course Date(s) 2/19-2/20/2010
Course Tuition (if required)	Course Coordinator Name (First Last) Walter Escobar	Course Coordinator Phone Number 509-548-2590
Course Coordinator E-Mail <a href="mailto:walterescobar@fs.fed.us">walterescobar@fs.fed.us</a>	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:		

