



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement
S-234 Fire Operation in the Wildland/Urban Interface

Nominations due April 9, 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: April 24-25, 2010

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.

Lead instructor	Course Coordinator
Walter Escobar Wenatchee River RD-USFS 600 Sherbourne Leavenworth, WA 98826 509-548-2590 <i>FAX #509-548-0917</i> walterescobar@fs.fed.us	Dave Nalle Wenatchee River RD - USFS 600 Sherbourne Leavenworth, WA 98826 509-548-2582 <i>FAX #509-548-0917</i> dnalle@fs.fed.us

Mail, e-mail or FAX registrations to: Dave Nalle

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) 4/24-4/25, 2010
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:		

