



## **Training Announcement (S-234)-(Ignition Operations)**

**Nominations due April 1, 2008**

Minimum number of students: (12)

Maximum number of students (24)

**COURSE DESCRIPTION:** This is an entry-level course providing training in the functional roles and responsibilities connected with firing operations including planning, ignition procedures and techniques, and equipment applicable to wildland and prescribed fire.

### **OBJECTIVES:**

- Describe the role and responsibility of the FIRB
- Analyze an ignition/firing plan and describe its validity
- Write an ignition/firing plan

**DATE(S) OF CLASSES:** Saturday April 26, 2008 thru Sunday April 27, 2008 from 0830-1730 &  
Saturday May 3, 2008 thru Sunday May 4, 2008 from 0830-1730

**PREREQUISITES:** S-290 Intermediate Wildland fire behavior

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

**LEAD INSTRUCTOR:**

**COURSE COORDINATOR:** Aaron Bibe, USFWS  
(509) 528-0796

**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)



**EASTERN WASHINGTON INTERAGENCY TRAINING GROUP**

**Part I TRAINING NOMINATION**

Course Number <b>S-234</b>		Course Name <b>Ignition Operations</b>				PRIORITY ____ of ____			
IQCS Session Number <b>0223</b>		Course Location <b>Fire Training Center 1811 S. Ely, Kennewick WA. 99337</b>				Course Date(s) <b>4/26-27, 5/3-4 0830-1730</b>			
Course Tuition (if required)		Course Coordinator Name (First Last) <b>Aaron Bibe</b>				Course Coordinator Phone Number <b>(509)528-0796</b>			
Course Coordinator E-Mail <b>aaron_bibe@fws.gov</b>		Course Coordinator FAX Number				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:									