



**Training Announcement**  
**S-290 Intermediate Wildland Fire Behavior**  
Nominations Due by **MARCH 17, 2011**

Minimum number of students: 15

Maximum number of students: 35

*S-290 is the second course offered in the NWCG Wildland Fire Behavior series. It is a classroom-based skills course designed to educate and present wildland firefighters and prospective fire management supervisors with the skills and knowledge needed to predict wildland fire behavior on an intermediate level.*

**Course Objectives:**

1. Identify and describe the environmental, topographical, and fuel-related characteristics that influence wildland fire behavior.
2. Describe the interactions of fuels, weather, and topography and how these interactions influence fireline tactics and safety.
3. Identify and describe the signs and causes of extreme fire behavior.
4. Interpret, communicate, document, and apply wildland fire behavior and weather information in the wildland fire environment.

**Dates:** April 2, 2011- April 3, 2011 AND  
April 9, 2011- April 10, 2011

**Location:** Chelan County Fire District 1  
206 Easy Street  
Wenatchee, WA 98801

**Prerequisites:** 1. Successful completion of *Introduction to Wildland Fire Behavior (S-190)*.  
2. Successful completion of the S-290 pre-work test.

**Target Students:** Firefighters (FFT2)  
Supervisory Dispatchers (EDSP)  
Fire Effects Monitors (FEMO)

**Course Coordinator:**

**Monika Nicholson**  
Wenatchee River Ranger District  
Phone: (509) 548-2594

**Please Email or Fax Nomination To:**  
[monikanicholson@fs.fed.us](mailto:monikanicholson@fs.fed.us)  
FAX: (509) 548-0917

**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 <b>S-290</b>		Course Name <b>Intermediate Wildland Fire Behavior</b>			PRIORITY ____ of ____		
IQCS Session Number		Course Location <b>CCFD#1; 206 Easy Street; Wenatchee, WA 98807</b>			Course Date(s) <b>4/2/-4/3 &amp; 4/9-4/10 (2011)</b>		
Course Tuition (if required)		Course Coordinator Name (First Last) <b>Monika Nicholson</b>			Course Coordinator Phone Number <b>509-548-2594</b>		
Course Coordinator E-Mail <b>monikanicholson@fs.fed.us</b>		Course Coordinator FAX Number <b>509-548-0917</b>			Date Submitted		
<b>Employee's IQCS ID Number:</b>							
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:							