



Training Announcement

S-336 Tactical Decision Making in Wildland Fire

Nominations due March 3rd, 2008

Minimum number of students: 15

Maximum number of students: 20

COURSE DESCRIPTION:

This course is designed to meet training requirements in the Operations Section of the Incident Command System. Examples and exercises in this package are specific to wildland fire suppression.

OBJECTIVES:

- Develop the knowledge and practice in decision making necessary to effectively apply wildland fire suppression tactics.
- Develop the tools for leadership in applying and teaching appropriate fire suppression tactics at their home unit.

PREWORK: Pre-work reading will be sent to the selected individuals prior to course.

DATE(S) OF CLASSES: March 24th thru March 28th

PREREQUISITES: Qualified as a single resource boss or initial attack incident commander type 4 (ICT4).

TARGET GROUP:

This course is designed primarily to prepare experienced single resource bosses and initial attack incident commanders in the tactics necessary at the strike team/task force leader level. It is also valuable for operations supervisors qualified at higher management levels who have not received training in wildfire suppression tactics.

LOCATION: Colville National Forest. Specific site will be sent to individuals at time of selection.

LEAD INSTRUCTOR: Brian Sines

COURSE COORDINATOR: Brian Sines

Mail or FAX registrations to: Email noms. to bsines@fs.fed.us or fax to (509)775-7401- c/o Brian Sines



EASTERN WASHINGTON INTERAGENCY TRAINING GROUP

Part I TRAINING NOMINATION

Course Number S-336	Course Name Tactical Decision Making in Wildland Fire	PRIORITY ____ of ____
IQCS Session Number	Course Location Colville N.F.	Course Date(s) 3/24-28/ 2008
Course Tuition (if required) None	Course Coordinator Name (First Last) Brian Sines	Course Coordinator Phone Number (509)775-7451
Course Coordinator E-Mail bsines@fs.fed.us	Course Coordinator FAX Number 509-775-7401	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: