





**Part I TRAINING NOMINATION**

Course Number S-130/S-190	Course Name Introduction to Fire Behavior Firefighter Training (includes L-180)		PRIORITY ____ of ____	
IQCS Session Number	Course Location		Course Date(s)	
Course Tuition (if required)	Course Coordinator Name (First Last)		Course Coordinator Phone Number	
Course Coordinator E-Mail	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:				