

EASTERN WASHINGTON INTERAGENCY TRAINING ZONE



WILDLAND FIRE TRAINING COURSE ANNOUNCEMENT

S131 Firefighter Type 1

S133 Look Up, Look Down, Look Around

Firefighter Type 1, S131 is a course designed to be interactive in nature. It contains several tactical decision games designed to facilitate learning the objectives and class discussion. Topics include: fireline reference materials, communications and tactical decision making.

S133, Look up, look down, look around examines the wildland fire environment and the indicators firefighters should observe on the fireline in order to anticipate fire behavior.

TARGET GROUP: Qualified FF2 desiring to be Firefighter Type 1 (FFT1)

DATES OF CLASS:

S131/133 Firefighter Type 1- Feb 6,7 (0800-1730 hrs)

LOCATION: Franklin County Fire District #4
191 N Center Street
Mesa, WA 99343

PREREQUISITES:
Qualified FF2

NOMINATIONS:

Please return NWCG nomination form with registration by January 17th.

DEADLINE FOR REGISTRATION: February 1, 2008

MAIL, FAX, or EMAIL REGISTRATIONS TO:

Mail, e-mail or FAX registrations to

Wenatchee Valley College, Bruce Merighi, COURSE COORDINATOR

1300 5th St.

Wenatchee, WA 98801

BMerighi@wvc.edu

And

Mike Ellsworth, lead instructor, 509-863-3312

capt312000@yahoo.com

Cost \$110 payable to Wenatchee Valley college, based on minimum class size needed to pay for instructors and materials. Fees may be reduced based on class enrollment. Class fees are waived for Fire Districts who have suppression agreements with Department of Interior.

Meals On your own.



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

*Next Form For
Federal Agencies*

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-131/133	Course Name FF1	PRIORITY ____ of ____						
IQCS Session Number	Course Location Franklin County Fire District #4 191 N Center Street Mesa, WA 99343				Course Date(s) Feb 6,7			
Course Tuition (if required) \$265	Course Coordinator Name (First Last) Bruce Merighi			Course Coordinator Phone Number 509-682-6659				
Course Coordinator E-Mail BMerighi@wvc.edu	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			
Zip			Telephone			Zip		
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:

PMS 921-2 (799)

NFES-2131 Nom form

Course Name: S-290 Intermediate Wildland Fire Behavior Nominee Name: _____

PART II AGREEMENT TO COLLECT FUNDS (Complete only if there is a tuition charge)

Please check the section appropriate to the legal authority to collect monies and complete the address/signature block. This form must be signed by an individual with authority to sign agreements and obligate the funds listed. Note: Tribal governments are not covered by the Intergovernmental Cooperation Act of 1968.

NON-FEDERAL AGENCIES: Contractor, states, local governments engaged in fire suppression and protection of public lands. This training, payment, and collection is duly authorized under the Intergovernmental Cooperation Act of 1968 as amended by the act of September 13, 1982 (P.L 97-258), Section 6505. The NWCG Interagency Training Nomination constitutes written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signature is also certifying services requested cannot be procured reasonably and expeditiously through ordinary business channels and funds are available. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE: (Include required fiscal references) _____

Agreement Number: _____

OTHER FEDERAL AGENCIES: This training, payment, and collection is duly authorized under Section 601 of the Economy Act of June 30, 1932 (31 USC 1535) as amended. The NWCG Interagency Training Nomination constitutes the required written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signatures is also certifying services requested are in the best interest of the United States; cannot be procured by contract as conveniently or cheaply from a commercial source and appropriate funds are available for this purpose. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE: (Include agency location) _____

Agreement Number: _____

SAME AGENCY AS PROVIDER: The NWCG Interagency Training Nomination constitutes agreement to pay charges as outlined in nomination materials. Authorizing signature certifies funds are available for this purpose.

COMPLETE CHARGE CODE: (Including Override) _____

Agreement Number: _____

ADDRESS/SIGNATURE:

Billing address if different than Sponsor or Agency Address:

AUTHORIZED TO EXPEND FUNDS
LISTED ABOVE:

AGREES TO PROVIDE TRAINING
REQUESTED:

Signature

Date

Signature

Date

Title

Title