



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement

**S-330 – Strike Team/Task Force Leader
Nominations due February 11, 2009**

Minimum number of students: 10

Maximum number of students: 25

S-330, Strike Team/Task Force Leader is designed to meet the training requirements of a strike team/task force leader on a wildland incident. The course is presented in the form of an incident and through facilitated class discussions. Periodic exercise updates provide incident flow from mobilization through demobilization. **A NWCG nomination form *MUST* be submitted with this registration. Registrations without a nomination form will not be considered.**

DATES OF CLASSES: March 10-12, 2009 starting at 0800 each day

PREREQUISITES: See 310-1

LOCATION: Station 92, Spokane Co. Fire Dist. 9, 3801 E. Farwell Rd., Mead WA 99021

COST: None

CANCELLATIONS: *Fee will be charged for no shows or cancellations after the closing date. Please substitute freely.*

LEAD INSTRUCTOR: Ed Lewis, Spokane County Fire District #4

COURSE COORDINATOR: Jack Cates, - Contact – (509) 466-4602, ext. 902

Mail or FAX registrations to: Deputy Chief Jack Cates, Spokane County Fire District #9
3801 E Farwell Rd., Mead, WA 99021 – FAX: (509) 466-4698

REGISTRATION: S-330- Strike Team/Task Force Leader

Name _____

Agency Telephone _____ Home Telephone _____

Sponsoring Fire Agency _____

Address: _____ City _____ Zip _____

Payment: [] Check or PO with Registration [] Bill Sponsoring Agency

Signature of Fire Chief or Training Officer

Title

Date



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Course Number S-330		Course Name Strike Team/ Task Force Leader		PRIORITY ____ of ____	
IQCS Session Number		Course Location Mead, WA		Course Date(s) March 10-12, 2009	
Course Tuition (if required)		Course Coordinator Name (First Last) Jack Cates		Course Coordinator Phone Number 509-466-4602 ext 902	
Course Coordinator E-Mail jcates@scfd9.org		Course Coordinator FAX Number 509-466-4698		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:					