



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE ZONE

# Training Announcement

**S-440 – Planning Section Chief**  
**Nominations due May 1, 2009**

Minimum number of students: 10

Maximum number of students: 25

**A NWCG nomination form *MUST* be submitted with this registration. Registrations without a nomination form will not be considered.**

**DATES OF CLASSES:** May 19-21, 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

**LEAD INSTRUCTOR:** Cindy Usher, Bruce Holloway, Jon Sprague

**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

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**REGISTRATION: S-440 Planning Section Chief**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Agency Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Sponsoring Fire Agency \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature of Fire Chief or Training Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**EASTERN WASHINGTON INTERAGENCY TRAINING ZONE ZONE**

Course Number S-440	Course Name Planning Section Chief		PRIORITY ____ of ____	
IQCS Session Number	Course Location Mead, WA		Course Date(s) May 19-21, 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 <a href="mailto:jcates@scfd9.org">jcates@scfd9.org</a>	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:				