



## **Training Announcement**

### **S-290 – Intermediate Wildland Fire Behavior**

Nominations due December 5, 2008

Minimum number of students: 15

Maximum number of students 30

**COURSE DESCRIPTION:** To provide the student with wildland fire behavior for safe and effective wildland fire management activities.

**OBJECTIVES:** Identify and describe how fuels, weather and topography influence fire behavior.

**DATE(S) OF CLASSES:** January 10, 11, 17, 18      **TIME:** 0800 to 1700

**PREREQUISITES:** Introduction to Wildland Fire Behavior, S-190 and satisfactory performance at the Wildland Firefighter Type 2 Level.

**LOCATION:** Douglas County Public Service Building 140 19<sup>th</sup> St. NW East Wenatchee

**LEAD INSTRUCTOR:** Michelle Ellis

**COURSE COORDINATOR:** Dale Jordan

Mail or FAX or Email registrations to: Dale Jordan, POB 674, Waterville WA 98858 509-669-5570  
Fax 509-745-8636      Email [dalej@amerion.com](mailto:dalej@amerion.com)

**STUDENT PRE-COURSE WORK:** Nominees will receive a packet containing a CD with reference and study materials which will allow nominees to review S-190, Map and Compass information. The pre-test must be returned by December 29 and must receive a passing score of 70% or higher to be considered for admittance to the course.

**STUDENT COURSE SELECTION LETTER:** Will be sent out on or before January 2, 2009.

**NOMINATION FORM:** The NWCG training form (attached) can be filled out and mailed or faxed to me. You may also download the same form and email it to [dalej@amerion.com](mailto:dalej@amerion.com)

**Link to NWCG Form:** [http://www.nationalfiretraining.net/nomination\\_forms.html](http://www.nationalfiretraining.net/nomination_forms.html)

There is a \$25.00 fee for the class: If the student needs to fill out the 2<sup>nd</sup> page of the application for their agency payment please do so. Fire Departments and Fire Districts need only to supply a billing address. Note: Employees of the Forest Service the fees have been paid.

**Any Questions? Please call or Email me Dale Jordan 509-66-5570**

## NWCG INTERAGENCY TRAINING NOMINATION AND AGREEMENT TO COLLECT FUNDS

INSTRUCTIONS: Complete Part I. Complete PART II only if there are tuition charges for the training.

### Part I - TRAINING NOMINATION

Course Number:	Course Name:	Priority ____ of ____	
IQCS Session Number:	Course Location:	Course Date(s):	
Course Tuition (if required):	Course Coordinator Name (First Last):	Crse. Coord. Phone:	
Date Submitted:	Crse Coord. E-Mail:	Crse Coord. FAX:	
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:			

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

Course Name: \_\_\_\_\_ Nominee Name: \_\_\_\_\_

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: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_