

**INCUMBENT DECLARATION  
FOR GS-0455/GS-0462**

Employee's Name: \_\_\_\_\_

Targeted IFPM Position Title: \_\_\_\_\_ Grade: \_\_\_\_\_

**SELECTIVE FACTORS**

**Refer to the Interagency Fire Program Management Qualifications Standards and Guide for the selective factors required based on targeted IFPM position. The selective factor(s) are the NWCG training course(s) and additional training required normally found as the last item in the Minimum Qualifications Standards for each key fire management position.**

Meets Selective Factor:            Yes \_\_\_\_\_            No \_\_\_\_\_

Please attach the following documents to this questionnaire:

- IQCS Individual Master Report
- Copies of Certificates or Letters of Completion (if the course is not listed on the IQCS Master Individual Report).

The information that I have provided, herein, is accurate and true to the best of my knowledge.

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Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

I concur with the information provided above.

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Signature of Supervisor \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

I have reviewed and verified the above qualifications, and have determined the employee to be

Qualified

Not Qualified

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Signature of Human Resources Specialist \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_