

Annual Aerial Supervision Mission Summary

Aerial Supervisor: Fill out this form at the end of fire season and send it to your GACC ATGS Cadre Member by 10/31.

ATGS Cadre Member: Sign this form and send it to your National Program Manager and THE ATGS's IQCS Manager and Certifying Official.

Aerial Supervisor Name:		GACC Cadre Member Name:	
Phone #:		Phone #:	
Fax #:		Fax #:	
Email:		Email:	
IQCS Manager Name:		Certifying Official Name:	
Phone #:		Phone #:	
Fax #:		Fax #:	
Email:		Email:	
Summary Year:	Missions:	Hours:	
<p>Note: BLM ATGS must document 5 missions/year to maintain currency. An ATGS mission consists of a flight on an actual incident where coordination of airborne resources takes place. Each additional incident flown during a single flight counts as an additional mission.</p>			
<p>Aerial Supervisor Comments:</p>			
<p>Aerial Supervisor Signature</p>			
<p>GACC Cadre Member Comments:</p>			
<p>GACC Cadre Member Signature</p>			