

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

Date Submitted: _____ **Priority:** _____ **of** _____

Course Session Information

Course Code & Name:
IQCS Session Number:
Location:
Start Date: _____ **End Date:** _____
Tuition:

Coordinator Information

Coordinator Name:
Coordinator Email:
Coordinator Phone & Fax:

Nominee Information

IQCS Employee ID Number:
Nominee Name:
Title:
Email: _____ **Phone:** _____

Training Officer Information

Training Officer Name:
Training Officer Email: _____ **Phone:** _____

Nominee Agency & Home Unit Information

Agency Name:
Home Unit:
Address:
City, State & Zip Code: _____ **Phone:** _____

Nominee Mailing Address (if different than Home Unit)

Address:
City, State & Zip Code:

List training completed and dates pertinent to this course

List past qualifications pertinent to this course

Nominee Signature

I confirm that the information contained within this form is correct or will be corrected prior to submission. If selected for the session, I will notify the Unit Training Representative if I am unable to attend. I agree to these terms and hereby sign this nomination form.

Supervisor Signature

I certify the nominee meets the prerequisites, or, if not met, I will put the reasons for attending the course in Remarks.

Remarks