

# 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:** HIZ-Firewise Assessor Training

**IQCS Session Number:**

**Location:** Forest Lakes Fire Department

**Start Date:** August 11<sup>th</sup>

**End Date:** August 12th

**Tuition:** Free

## Coordinator Information

**Coordinator Name:** Darrel Craig

**Coordinator Email:** dcraig@dffm.az.gov

**Coordinator Phone & Fax:** 928-525-6293

## 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