

**EASTERN AREA 2019
PRIORITY TRAINEE MOBILIZATION PROGRAM
NOMINATION FORM**

Official Use Only
Unit Priority by Position: __ of __.
Compact or Agency Priority by Position: __ of __.

Federal Agency or Compact Name _____

Employee Name: _____ E-Mail Address: _____
(Name as it appears on Incident Qualification Card)

Home Unit ID: _____ Local Dispatch Office ID: _____
(Ex. WV-MOF) (Ex. WV-CAC)

Employment Class (*Regular Agency, Seasonal, or Emergency Fire Fighter*): _____

Trainee Position Applying For (*list only one*): _____

5-Year "Red Card" Position Goal: _____

Total number of tasks in Position Task Book _____ Total number of tasks signed off _____ % Completed _____
(Auto-Filled)

POINTS (*Assign all points as applicable*)

- _____ (7 Pts) Employee needs trainee assignment to recertify in a position due to currency
- _____ (3 Pts) Position Task Book has been reissued due to Position Task Book expiration prior to certification
- _____ (6 Pts) Position Task Book is in 3rd year of issue
- _____ (3 Pts) Position Task Book is in 2nd year of issue
- _____ (1 Pts) Position Task Book is in 1st year of issue
- _____ (6 Pts) All 310-1 or 5109.17 prerequisite NWCG training course have been completed
- _____ (3 Pts) Trainee is a member of an EA Type 2 IMT. Provide IMT name _____
- _____ (5 Pts) Trainee position fulfills an employment requirement for position description. Provide date qualification is required _____

_____ **TOTAL POINTS**

(Auto-Filled)

COMMENTS/JUSTIFICATION

(*Example: Qualification is required for my position within 3 years*)

SIGNATURES

I agree to follow the Guidelines and Standard Operating Procedures of the Priority Training program.

Trainee Signature

Date

I agree to support this program and make the above individual available for trainee assignments.

Supervisor Signature

Date

Local Agency Administrator Signature

Date

Attachment: IQS/IQCS Master Record