

Engine Operator Workshop Nomination Form

Note: Only **COMPLETED** and **LEGIBLE** forms will be accepted!

*Nominee's Name:	
*Course Number(s) & Name(s): ENOP PMS 419	*Course Location: Camp Williams, 17800 S. Camp Williams Road, Bluffdale, UT 84065
*Mailing Address: This is the address the pre-work will be mailed to:	*Training Officer's name, phone number and email address:
*Student's Agency & District Office Name:	*IQCS # (Federal Employees Only):
*Working Job Title:	*Supervisor's Name/ Phone:
*Student Phone:	*Supervisor's Email
*Student E-mail Address: Do you meet all course prerequisites? Yes / No (S130, S131, S190, S211, I100, 2-3 seasons on engine) List your past experience <u>pertinent</u> to the course(s).	*Any food allergies, or preferences (I.e... gluten-free, vegan)? If yes, list below:

PAYMENT

Payment will be accepted via credit card

Tuition: \$ (All Students)		Total \$
Late cancellations not made within 2 weeks of the course start date will be charged full tuition.		
Nominee's Signature:	Supervisor's Signature:	

<h3 style="text-align: center;">Contact Information</h3> <p>Cherie Ausgotharp Phone: (801) 539-4130 or Utah BLM (801) 554-3072 200 S. 440 W. Suite 500 E-Mail: causgoth@blm.gov Salt Lake City, UT 84101</p>	<ul style="list-style-type: none"> Please make a copy of this form for your records. Only complete/legible nominations will be accepted. Payment = Credit card forms will be mailed upon selection This form must be E-mailed to Cherie Ausgotharp
---	--

Federal Agency Nomination Form

Office Use Only	
<input type="checkbox"/> PW _____	<input type="checkbox"/> Letter _____
<input type="checkbox"/> IQCS _____	<input type="checkbox"/> Name Tag _____
<input type="checkbox"/> Paid _____	<input type="checkbox"/> Tent Card _____
<input type="checkbox"/> Cancelled _____	<input type="checkbox"/> Certificate _____
<input type="checkbox"/> Refund _____	