

**Local Fire Academy Training Nomination
Salmon-Challis NF, Salmon & Challis BLM Field Offices**

<i>Nominee Name:</i>	<i>Home Unit:</i>	<i>Date Submitted:</i>
<i>Job Position:</i>	<i>Email:</i>	<i>Supervisor Name:</i>
<i>Course Code & Name:</i>	<i>Start & End Date:</i>	<i>Office Phone #:</i>
<i>List training completed pertinent to this course:</i>		
<i>List current fire qualifications:</i>		
<p>Nominee Signature: <i>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 Course Coordinator if I am unable to attend. I agree to these terms and hereby sign this nomination form.</i></p> <p>/s/</p>		
<p>Supervisor Signature: <i>I certify the nominee meets the prerequisites, or if not met, I will put the reasons for attending the course in Remarks.</i></p> <p>/s/ <i>Date:</i></p>		
<i>Remarks:</i>		