

**NWCG INTERAGENCY TRAINING NOMINATION
AND AGREEMENT TO COLLECT FUNDS**

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:

Supervisor Information

Supervisor Name:

Supervisor Email:

Phone:

Nominee Agency & Home Unit Information

Agency Name: Payette National Forest

District:

Forest Training Officer Information

Training Officer Name: Jean Gallagher

Training Officer Email: jean.gallagher@usda.gov

Why do you need this course? (list qualification requiring or recommended for course)

Do you meet all prerequisites for this course? If not, explain.

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.

or /s/

Supervisor Signature (REQUIRED)

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

or /s/

Remarks