

Nomination Form for Color Country Type 3 Incident Management Team

Name: _____ Agency: _____ Duty Station: _____

Phone: Wk _____ cell _____ Hm _____ email: _____

Mark any of the following that you wish to be considered for:

Primary: Your choice for a primary position on the team. If you have more than one primary position you are interested in, list them in priority order. If you are a member of a type 1 or 2 IMT please only apply as an alternate.

Primary Alternate: Any positions that you would be willing to be an alternate for in case the regular team member cannot make that call out period. Mark all positions you would be willing to be an alternate for.

Trainee: Your choice of positions that you would like to be a trainee for. If you have more than one position you are interested in, list them in priority order.

Position	REDBOOK Standards (Recommended Standards)	Primary	Primary Alternate	Trainee
IC	ICT3			
Operations*	OPS3			
Division	SRB (Recommend TFLD)			
Safety	SOFR			
Logistics	LSC3			
Plans	PSC3			
Finance	FSC3			
Information	Knowledge of job (Recommend PIOF)			
Non-REDBOOK Positions				
Line EMT	EMTF			
Medical	MEDL			
GIS	Knowledge of job (Recommend GISS)			
Aviation Liaison	Knowledge of job (Recommend AOBD or ASGS)			

**The Operations trainee can be a DIVS T or ICT3 T*

List of qualifications pertinent to position being applied for:

If you are on a Type 1 or 2 Team, please list the team and position: _____

CCIFC: Email nomination form to Ashley Powell: ahuttonpowell@blm.gov

Nominee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____