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| --- | --- | --- | --- | --- |
| Trainee Name: | Click here to enter text. | | IQCS Number | Click here to enter text. |
| Position for Initiation: | | Click here to enter text. | | |
| Supervisor: | Click here to enter text. | | Phone Number: | Click here to enter text. |
| Duty Station | Click here to enter text. | | Phone Number: | Click here to enter text. |

**Attach the Following:**

Current FSFAQG page for position <http://www.fs.fed.us/fire/publications/index.html#fsfaqg>

Copies of Certificates of Completion from PMS 310-1 required training and the Forest Service additional required training out of the FSFAQG

Copy of current IQCS Master Record printout meeting required position experience & required training completed.

Printed Task Book, current versions for Position being initiated <http://www.nwcg.gov/pms/taskbook/taskbook.htm>

Send to Division Chief for review and recommendation

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| --- | --- | --- | --- | --- |
| Signature of Division Chief |  | Date: | |  |
| Recommendation of Division: | YES | | NO | |