## NWCG INTERAGENCY TRAINING NOMINATION

**AND**

**AGREEMENT TO COLLECT FUNDS**

INSTRUCTIONS: Complete Part I. Complete PART II only if there are charges for the training.

# Part I TRAINING NOMINATION

|  |  |  |  |
| --- | --- | --- | --- |
| Course Number |  | Course Name | PRIORITY \_\_\_\_\_ of \_\_\_\_\_\_\_ |
| IQCS Session Number |  | Course Location | Course Date(s) |
|  |  |
| Course Tuition (if required)N/A | Course Coordinator Name (First Last)Brandon Voegtle | Course Coordinator Phone Number970-826-5096 |
| Course Coordinator E-Mail:bvoegtle@blm.gov | Course Coordinator FAX NumberPlease Email Forms | Date Submitted |
| Employee’s IQCS ID Number: |  |
| Nominee’s Name (First MI Last) |  |
| Working Job Title |  | E-Mail  |
| Agency Name |  | Fax  |
| HomeUnit |  | Nominee’s Mailing Address (if different) |
| Street |  | Street |  |
| City |  | State |  | City |  | State |  |
| Zip |  | Telephone |  | Zip |  | Telephone |  |
| List training completed and dates pertinent to this course: |
| List your past qualifications pertinent to this course: |
| Nominee’s Signature: (I will notify the Unit Training Representative if I am unable to attend.) |
| Supervisor’s Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.) |
| Remarks: |

PMS 921-2 (799) NFES-2131 Nom form