## 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 Number  970-826-5096 | | | | |
| Course Coordinator E-Mail:  bvoegtle@blm.gov | | | | Course Coordinator FAX Number  Please Email Forms | | | | | | Date Submitted | | | | |
| Employee’s IQCS ID Number: | | | | | | | | | |  | | | | |
| Nominee’s Name (First MI Last) | | | | | | | | | |  | | | | |
| Working Job Title | |  | | | | | | | | E-Mail | | | |
| Agency Name | |  | | | | | | | | Fax | | | |
| Home  Unit |  | | | | | | | 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