NWCG INTERAGENCY TRAINING NOMINATION

* A direct email address to the nominee is required to provide accurate and timely information. Information routed through a company email address is not generally received in a timely manner.

This Course is held in Tucson, AZ

Course N	Number INAFA		se Name onal Aer		FA efighting <i>A</i>	PRIORITY of				
IQCS Se	ssion Number	Cour	se Locat	ion		Course Date (s)				
	9		NA	FRI, Tu	icson, AZ	Jan 15 - 18, 2013				
Course 7	Tuition (if requi	red) Cour	Course Coodinator Name (First Last)				Course Coordinator Phone #			
	None		Donna Kreiensieck				520-799-8745			
Course (Coordinator E-I	Mail Cour			FAX Numb	Date Submitted				
dkkreie	nsieck@fs.fe	d.us	520	0-799-8	785					
Employee's IQCS ID Number (Federal Employees only)										
Nominee's Name (First MI Last)										
Working	Job Title						*Email			
Compan						Fax				
Address			Nomine			s Mailing A	Address (if different)			
Street	t				Street					
City			State		City			State		
Zip	Telephone				Zip		Telephone			
List training completed and dates pertinent to this course:										
Have you been to a NFS Course before? OYes ONo										
List your past qualifications pertinent to this course:										
Nominee's Signature:										
/s/										
Supervisor's Signature:										
/s/										
Remarks:										