

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 Sacramento, CA

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|---|--|---|
| Course Number N9048 | Course Name NFS - National Aerial Firefighting Academy Flight Simulation | PRIORITY ____ of ____ |
| IQCS Session Number 2 | Course Location Wildland Fire Training & Conference Center, McClellan, CA | Course Date (s) Jan 29 - 31, 2013 |
| Course Tuition (if required) None | Course Coordinator Name (First Last) Donna Kreiensieck | Course Coordinator Phone # 520-799-8745 |
| Course Coordinator E-Mail dkkreiensieck@fs.fed.us | Course Coordinator FAX Number 520-799-8785 | Date Submitted |
| Employee's IQCS ID Number (<i>Federal Employees only</i>) | | |
| Nominee's Name (First MI Last) | | |
| Working Job Title | | *Email |
| Company Name | | Fax |
| Address | | Nominee's Mailing Address (if different) |
| Street | | Street |
| City | State | City |
| Zip | Telephone | Zip |
| List training completed and dates pertinent to this course: | | |
| Have you been to a NFS Course before? <input type="radio"/> Yes <input type="radio"/> No | | |
| List your past qualifications pertinent to this course: | | |
| Nominee's Signature: | | |
| /s/ | | |
| Supervisor's Signature: | | |
| /s/ | | |
| Remarks: | | |