

NWCG INTERAGENCY TRAINING NOMINATION

Instructions: Complete Part I, Part II and Part III.

PART I TRAINING NOMINATION

Course(s) Name:		<i>(If sending more than 1 nomination for a class you must rank them in priority)</i>
<i>*Only 1 name per nomination unless reserve slots - Red Cards must be submitted for all classes 200 & above.</i>		Priority _____ of _____
It is acceptable to list more than 1 class on this nomination form as long as the class(es) do not overlap. If the above class(es) is (are) not available, do you have an alternate course?		
Course Date(s): <i>If a trainee, please list dates attending.</i>	Course Location: <i>University of Colorado Colorado Springs, CO</i>	Course Tuition:
Course Coordinator: <i>Wendy Fischer</i>	Coordinator Phone: (Voice/Fax): <i>(719) 589-1400 • Fax: (719) 218-9270</i>	Coord. E-mail: <i>info@cwfima.org</i>
Nominee's Name:		Date Submitted:
IQCS # <i>(Federal Employees Only)</i> :	E-mail Address:	
	Fax Number:	
Agency Address <i>(Specify District/Office Name)</i> :	Nominee's Home Mailing Address <i>(Please complete only if you want your confirmation letter sent to this address)</i> :	
Telephone No.	Telephone No.	
List class training completed and dates pertinent to this course: <i>*This box must be completed if you are taking classes 200 and up, otherwise nomination will not be accepted.</i>		
List your past qualifications pertinent to this course: (FFTI, CRWB, etc.)		
<i>*Refer to the 310-1 qualifications reference guide: www.nationalfiretraining.net</i>		
Nominee's Signature: <i>I will notify the Course Coordinator if I am unable to attend.</i>		
Supervisor's Signature: <i>I certify the nominee meets the prerequisites, or if not I will put the reasons for attending the course in remarks.</i>		
Print name:		Phone #:
Remarks <i>(Use this box to explain the importance of having this class)</i> :		
<i>You must be at least 18 years old to apply.</i>		

Course Name: _____ Nominee Name: _____

PART II AGREEMENT TO COLLECT FUNDS:

Please check the section appropriate to the legal authority to collect monies and complete the address/signature block. This form must be signed by an individual with authority to sign agreements and obligate the funds listed. Note: Tribal governments are not covered by the Intergovernmental Cooperation Act of 1968.

NON-FEDERAL AGENCIES: Fire departments, contractor, states, local governments engaged in fire suppression and protection of public lands. This training, payment, and collection is duly authorized under the Intergovernmental Cooperation Act of 1968 as amended by the act of September 13, 1982 (P.L. 97-258), Section 6505. The NWCG Interagency Training Nomination constitutes written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signature is also certifying services requested cannot be procured reasonably and expeditiously through ordinary business channels and funds are available. Provider's signature certifies the agency is offering similar services for its own use.

Complete Charge Code: (Include required for fiscal references): _____

OTHER FEDERAL AGENCIES: This training, payment, and collection is duly authorized under Section 601 of the Economy Act of June 30, 1932 (31 USC 1535) as amended. The NWCG Interagency Training Nomination constitutes the required written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signatures is also certifying services requested are in the best interest of the United States; cannot be procured by contract as conveniently or cheaply from a commercial source and appropriate funds are available for this purpose. Provider's signature certifies the agency is offering similar services for its own use.

Complete Charge Code: (Include required for fiscal references): _____

SAME AGENCY AS PROVIDER: The NWCG Interagency Training Nomination constitutes agreement to pay charges as outlined in nomination materials. Authorizing signature certifies funds are available for this purpose.

Complete Charge Code: (Include required for fiscal references): _____

Billing Address if different than Sponsor or Agency Address:

Authorized to Expend Funds Listed Above (Accounts Payable):

Signature _____ Date _____ Title _____

Agrees to Provide Training Requested:

Signature _____ Date _____ Title _____

Student Cost (to attend classes) Early Bird by Nov. 1 st \$70 per day Registration between Nov. 2 nd & Dec. 18 th \$75 per day Late Registration after Dec. 18 th \$85 per day IMT Trainee Cost. \$45 per day	_____ days @ \$70/75/85 per day student
	Free - Retention & Recruitment = \$ _____
	_____ days @ \$45 per day trainee = \$ _____
	TOTAL \$ _____
Federal ID # 84-1276260 <i>ALL INVOICES WILL BE E-MAILED! Make checks payable to U.A.V.W.F. (Upper Arkansas Valley Wildfire Foundation)</i>	

VISA • MASTERCARD • DISCOVER • AMEX
Receipts will be e-mailed

Credit Card #: _____ - _____ - _____ Expiration Date: _____ / _____

Cardholder Name (Please Print): _____ Phone: _____

Cardholder Signature: _____ CVN (3 digit code on back of card): _____

Card Billing Address: _____ City _____ State _____ Zip _____

Cardholder E-mail: _____

RETURN TO: Colorado Wildland Fire & Incident Management Academy
P.O. Box 1777 • Alamosa, CO 81101 • Fax: (719) 218-9270