

**NWCG INTERAGENCY TRAINING NOMINATION
AND AGREEMENT TO COLLECT FUNDS
FOR NON FEDERAL APPLICANTS
(FEDERAL APPLICANTS MUST APPLY THROUGH IQCS)**

INSTRUCTIONS: Please Complete Part I, Part II and Part III.

Part I - TRAINING NOMINATION FORM

Course Name:		Priority _____ of _____	
Course Number:	Course Location: Sierra Blanca Wildfire Academy	Course Date(s):	
Academy Registration: \$50 if PAID before January 13th; \$65 after Jan. 13th (one time fee not per class)	Academy Coordinator Name (First Last): Lynn Lovelace	Crse. Coord. Phone: 575-354-2231	
Date Submitted:	Academy Coordinator E-Mail: Lynn.Lovelace@state.nm.us	Crse Coord. FAX: 575-354-3052	
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:			

