



Alaska Interagency Training Nomination

Submit one nomination form for each class. Nominees must meet National prerequisites for each NWCG-sanctioned course. This information can be found in the Field Manager's Course Guide located at www.nwcg.gov/pms/training/fmccg.pdf.

PART 1: Course Information

Course Name: _____

Course Date(s): _____

Course Location (city): _____

Part 2: Registration

Nominee's Name(s)	Employee ID#	Working Job Title	Office	Phone Number	Priority
John Smith	00002548504	AFMO	9F190	(907) 356-1212	
					1
					2
					3
					4
					5
					6
					7
					8
					9
					10
					11
					12
					13
					14

Note: Employee ID# is your IQCS 11 digit Employee ID number on your red card. If you do not have an IQCS Employee ID#, leave blank. If more space is needed, attach separate sheets to the back of this form. Please use the same format for the nominations.

Part 3: Certification

I certify that the above named persons meet all of the NWCG and/or Agency prerequisites for this course, or will complete those prerequisites before taking this class.	
Signature of nominating official	Date