**NWCG INTERAGENCY TRAINING NOMINATION**

**AND AGREEMENT TO COLLECT FUNDS**

*INSTRUCTIONS: Complete Part I. Complete PART II only if there are tuition charges for the training*

Part I - Training Nomination

**Date Submitted: Priority: of**

|  |
| --- |
| ***Course Session Information*****Course Code & Name:** D-110 Expanded Dispatch Recorder**Location: Indicate location in remarks. Choose one: Grand Rapids, MN or Milwaukee, WI or Campton NH.** **Start Date:**  May 28, 2019 **End Date:** May 30, 2019**Tuition:** None |
| ***Coordinator Information*****Coordinator Name:** Natasha Woodwick**Coordinator Email:** natasha.woodwick@bia.gov**Coordinator Phone & Fax:** 218-327-4558, fax 218-327-4528 |
| ***Nominee Information*****IQCS Employee ID Number:****Nominee Name:** **Title:** **Email:**  **Phone:**  |
| ***Training Officer Information*****Training Officer Name:** **Training Officer Email:** **Phone:**  |
| ***Nominee Agency & Home Unit Information*****Agency Name:** **Home Unit:** **Address:** **City, State & Zip Code:**  **Phone:**  |
| ***Nominee Mailing Address (if different than Home Unit)*****Address:** **City, State & Zip Code:**  |
| ***List training completed and dates pertinent to this course*** |
| ***List past qualifications pertinent to this course*** |
| ***Nominee Signature****I confirm that the information contained within this form is correct or will be corrected prior to submission. If selected for the session, I will notify the Unit Training Representative if I am unable to attend. I agree to these terms and hereby sign this nomination form.*  |
| ***Supervisor Signature****I certify the nominee meets the prerequisites, or, if not met, I will put the reasons for attending the course in Remarks.* |
| ***Remarks*** |