**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**

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| ***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*** |