



Alaska Interagency Training Nomination

Submit one nomination form for each class. Nominees must meet National prerequisites for each NWCG-sanctioned courses. See Alaska Interagency Training Bulletin for recommended or suggested prerequisites for other courses.

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	Priority	Host Use Only
				1	
				2	
				3	
				4	
				5	
				6	
				7	
				8	
				9	
				10	
				11	
				12	
				13	
				14	
				15	
				16	
				17	

Note: Employee ID# is your IQCS 11 digit Employee ID number on your Incident Qualification 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 requirements before taking this class.

Signature of nominating official _____

Date _____