

PRE-REGISTRATION FORM
DANNY RHYNES INTERAGENCY TRAINING CENTER

FAX: 909-382-4192

ALL Blocks MUST be Completed

Course

Title: L-480 Incident Management Team (IMT) Leadership **Date:** February 8-12, 2010

Trainee Name _____ **Email** _____

Agency:

FS: Forest: _____ District: _____

Region _____ Unit: _____

Other Agency: _____ *(Ranger Unit/Station)*

(County – City – OES – CHC Student – NPS – BLM – USCG / Use your three letter designator.)

Work Address: _____

(Mailing Address of your unit headquarters.) (City – State – Zip Code)

Phone Number: _____ **Fax Number:** _____

Supervisor Name/Title _____ **Phone:** _____

Training Officer Name: _____ **Phone:** _____

**RETURN THIS FORM TO THE
TRAINING CENTER
BY COB:**

January 25, 2010