



Enchanted Circle Regional Fire Protection Association



Training Nomination

Part 1: Course Information

Course Title:	Course Date(s):	Course Location:
Course Coordinator:	Deadline for Nominations:	Coordinator Use Only: Priority _____ of _____
An IQS Qualification print-out <input type="checkbox"/> Is <input type="checkbox"/> Is Not required for admission to this course.		

Part 2: Nominee Information (must be filled out completely and legibly or nomination will be rejected)

Nominee's Name:	Nominee's Contact Information:
Nominee's Mailing Address:	Email Address: _____
	Cell Phone: _____
	Home Phone: _____
	Work Phone: _____
My signature below signifies that I take full and personal responsibility for the completion and submission of this training nomination prior to the nomination deadline. I further agree that if selected for this training course, I will personally notify the course coordinator if I am unable to attend so that my seat in the course may be given to another student from the waiting list.	
Nominee's Signature: _____	

Part 3: Sponsoring Agency Information (must be filled out completely or nomination will be rejected)

Sponsoring Agency:	Chief or Responsible Officer:
Agency Mailing Address:	Agency Contact Information:
	Email Address: _____
	Primary Phone: _____
	Fax No: _____
Prerequisite Training & Experience: <input type="checkbox"/> Y <input type="checkbox"/> N Nominee meets all prerequisites for this course (If No, then attach a justification why prerequisites should be waived)	Insurance Coverage: My signature below certifies that the nominee named above is officially sponsored by this agency for this training activity, and as such will be fully covered by the agency's insurance policies. Further, the agency agrees to furnish any equipment, supplies or PPE required for participation in this training activity.
Chief or Responsible Officer's Signature:	
Signature: _____	