

Enchanted Circle Regional Fire Protection Association Training Nomination

Part 1: Course Information

Course Title: ECRFPA Basic Wildland Fire Training S-130/S-190/I-100/L-180	Course Date(s): Monday, 04/13/2020 (evening) Friday, 04/17/2020 Saturday, 04/18/2020 Sunday, 04/19/2020	Course Location: High Street Fire Station Red River, NM Field Location TBD
Course Coordinator: Clayton Coss clayton.griz@gmail.com 575-779-4948 (cell) 575-377-6954 (fax)	Deadline for Nominations: Friday, 04/01/2020	Please fill in the priority level of each student. Priority _____ of _____
An IQS Qualification print-out <input type="checkbox"/> Is <input checked="" 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: Email Address: _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____
Nominee's Mailing Address:	
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: _____	