

**NWCG INTERAGENCY TRAINING NOMINATION
AND
AGREEMENT TO COLLECT FUNDS**

INSTRUCTIONS: Complete Part I. Complete PART II only if there are charges for the training.

Part I TRAINING NOMINATION

Course Number	Course Name	PRIORITY _____ of _____		
Course Date(s)	Course Location	Course Tuition (if required)		
Course Coordinator Name (First Last)		Coordinator Phone (Voice/Fax)	Coordinator E-Mail	
Nominee's Name (First MI Last)			Date Submitted	
Working Job Title				E-Mail
Agency Name				Fax
Home Unit			Nominee's Mailing Address (if different)	
Street			Street	
City		State	City	State
Zip		Telephone	Zip	Telephone
List training completed and dates pertinent to this course:				
List your past qualifications pertinent to this course:				
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)				
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)				
Remarks:				