

## Request for Prescribed Fire Training Assignment

**Applicant Name:**

**Applicant Duty Station (e.g., FA-331, NIFC):**

**Applicant E-mail Address:**

**Applicant Phone Numbers:**

Work:

Cell:

**Supervisor Name:**

**Supervisor Phone Numbers:**

Work:

Cell:

**Date of supervisor approval:**

**What is your trainee position? (Select only one position per application.)**

RXB1

FEMO

RXB2

FIRB

RXM1

SOPL

RXM2

PLDO

FIRL

Other:

**What is your current function?**

FMO

FOS

AFMO

Fuels Specialist

Engine Crew

Hotshot Crew

Fuels Crew

Helitack Crew

Smokejumper

Dispatch

Other Fire Personnel (Specify):

Non-Fire Personnel (Specify):

**What is your reason for applying for the program?**

IFPM Requirement

Gain new qualifications

Maintain current qualifications

Other (Specify):

**Where are you in the Position Task Book (PTB) process?**

Initiated PTB

70%

100% - need additional assignment

50% or less

80%

60%

90% +

**Dates of availability (Be reasonable and stay within the fiscal year—October through September):**

Start Date:

End Date:

Start Date:

End Date:

**Additional information regarding the assignment (e.g., type of fuel, complexity of assignment needed):**

*MS Word Tip: Double click the appropriate boxes above and mark "Checked" under Default Value to make your selection.*