

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 <u>one</u> position per application.)		
<input type="checkbox"/> RXB1	<input type="checkbox"/> FEMO	
<input type="checkbox"/> RXB2	<input type="checkbox"/> FIRB	
<input type="checkbox"/> RXM1	<input type="checkbox"/> FUMA	
<input type="checkbox"/> RXM2	<input type="checkbox"/> PSDO	
<input type="checkbox"/> FIRL		
What is your current function?		
<input type="checkbox"/> FMO	<input type="checkbox"/> FOS	
<input type="checkbox"/> AFMO	<input type="checkbox"/> Fuels Specialist	
<input type="checkbox"/> Engine Crew	<input type="checkbox"/> Hotshot Crew	
<input type="checkbox"/> Fuels Crew	<input type="checkbox"/> Helitack Crew	
<input type="checkbox"/> Smokejumper	<input type="checkbox"/> Dispatch	
Other Fire Personnel (Specify):		
Non-Fire Personnel (Specify):		
What is your reason for applying for the program?		
<input type="checkbox"/> 401 Incumbent	<input type="checkbox"/> Gain new qualifications	
<input type="checkbox"/> Maintain current qualifications	Other (Specify):	
Where are you in the Position Task Book (PTB) process?		
<input type="checkbox"/> Initiated PTB	<input type="checkbox"/> 70%	<input type="checkbox"/> 100% - need additional assignment
<input type="checkbox"/> 50% or less	<input type="checkbox"/> 80%	
<input type="checkbox"/> 60%	<input type="checkbox"/> 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.