

STATE OFFICE PRIORITY: \_\_\_\_\_ of \_\_\_\_\_

STATE OFFICE INITIALS: \_\_\_\_\_

Date

## TFM EDUCATION PROGRAM APPLICATION

### EMPLOYEE PROFILE:

Name: \_\_\_\_\_ Agency/Duty Station: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Office): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_ Job Title/Series: \_\_\_\_\_

**APPLICANT STATEMENT:** Why do you wish to attend Technical Fire Management (TFM); include how this program will help you achieve your short- and long-term career goals. (Use the back for additional space if needed.)

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**IMMEDIATE SUPERVISOR:** I approve the candidate's attendance of TFM and will ensure necessary support is available to the student to successfully complete this program. *I understand the time commitment for completion of the final project is estimated at 250-500 hours and have discussed appropriate duty time allocations with this candidate.*

*Comments:*

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Printed Name/Title

Signature

Date

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**DISTRICT FIRE MANAGEMENT OFFICER:** I approve the candidate's attendance of TFM and will ensure necessary support is available to the student to successfully complete this program. *I understand the time commitment for completion of the final project is estimated at 250-500 hours and have discussed appropriate duty time allocations with this candidate.*

Coordination has occurred between the district and state office fire management staff regarding the appropriateness of this candidate and funding availability.

*Comments:*

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Printed Name/Title

Signature

Date

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**DISTRICT/FIELD OFFICE MANAGER:** I approve the candidate's attendance of TFM and will ensure necessary support is available to the student to successfully complete this program. Coordination has occurred between the district and state office fire management staff regarding the appropriateness of this candidate and funding availability.

*Comments:*

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Printed Name/Title

Signature

Date