

TRAINING NOMINATION FORM
 Northeastern Forest Fire Protection Compact
Nominations due:

Return to:	Eric Earle 1 Mountainview Road Massey Drive, NL A2H 7A7 email (preferred): earle@nffpc.org
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Course Number:	Course name:	Priority ___ of ___
IQCS Session Number:	Course Location:	Course Date(s):
Course Tuition (if required):	Course Coordinator Name (First Last): Eric Earle	Course. Coord. Phone:
Date Submitted:	Course Coord. E-Mail: earle@nffpc.org (preferred return)	Course Coord. FAX:

Employee's IQCS ID Number: **NA**

Nominee's Name (First, MI, Last): *Please print name as it will appear on a certificate*

Working Job Title:	E-Mail:		
Agency Name:	Fax:		
Home Unit:	Nominee's Mailing Address (if different):		
Street:	Street:		
City:	State/Province:	City:	State/Province:
Zip/Postal code:	Telephone:	Zip/Postal code:	Telephone:

List your past qualifications pertinent to the position applying for:

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: