

TRAINING NOMINATION FORM

Northeast Fire Compact Nominations due October 6, 2016

Return to: Ralph Scarpino, Compact Training Coordinator
P.O. Box 17
Pleasant Valley, CT 06063
email (preferred): rascarpino@snet.net Fax: 860-379-7200

Course Number: NA	Course name:	Priority ____ of ____
IQCS Session Number: NA	Course Location: Merry Manor Inn, So. Portland, ME	Course Date(s):
Course Tuition (if required): NA	Course Coordinator Name (First Last): Ralph Scarpino	Course. Coord. Phone: 860-921-1756- cell
Date Submitted:	Course Coord. E-Mail: rascarpino@snet.net (preferred return)	Crse Coord. FAX: 860-379-7200

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:	City:	State:
Zip:	Telephone:	Zip:	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.)

Return Financial Form to Tom Parent