## NWCG INTERAGENCY TRAINING NOMINATION TRAINING NOMINATION

Course Number		Course Name												
M-410			NWCG Facilitative Instructor Course											
Course I	Location: UC	CONN - S	torrs, CT	orrs, CT							Course Date(s) March 14-17, 2016			
Course Tuition (if required) Non Compact \$150			Course Coordinator Name (First Last) Rich Schenk							Course Coordinator Phone Number (860) 424-4150				
Course Coordinator E-Mail richard.schenk@ct.gov			Course Coordinator FAX Number							Date Submitted				
Nominee's Name (First MI Last)														
Working Job Title			E-						E-N	Mail				
Agency Name			Fax											
Home Unit	Nominee's Mailing Add									Address (if d	iffer	ent)		
Street							Street							
City				State - Prov			City					State - Prov		
Zip		Telephone				Zip			Telephone					
List training completed and dates pertinent to this course:  List your past qualifications pertinent to this course:														
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)														
The state of the s														
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	3:													

PMS 921-2 (799) NFES-2131 Nom form