

TRAINING NOMINATION FORM
 Northeastern Forest Fire Protection Compact
Nominations due October 1, 2018

Return to: Eric Earle,
 1 Mountainview Road
 Massey Drive, NL A2H 7A7
 email (preferred): earle@nffpc.org Fax: 207-968-3782

Course Number: NA	Workshop name: Risk Management Workshop	Priority _____ of _____
IQCS Session Number: NA	Workshop Location: Merry Manor Inn, So. Portland, ME	Workshop Date(s): Oct 30 to Oct 31 2018
Registration fee (if required):	Workshop Coordinator Name (First Last): Eric Earle	Workshop Coord. Phone: 709-388-8888
Date Submitted:	Workshop Coord. E-Mail: earle@nffpc.org (preferred return)	Workshop Coord. FAX: 207-968-3782

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.)