
Air Attack Management Application

NOTE: This form must be sent through your Training Coordinator for signature, and received by the Northern California Training Center by **November 1. Your NWCG Nomination Form should accompany this form with all signatures.**

Candidates Name: _____

Agency: FS BLM NPS BIA FWL CNR CSR OTHER _____

Unit: _____

Forest, Ranger Unit, District, etc.

Work Address: _____ **Home:** _____

Classification/Position Title: _____

Years in Position: _____ **Years in Service:** _____

Will you be an: Air Attack Officer _____ Helitack Captain _____ Forestry Pilot _____

Other _____, _____ (Check one)

Where will you be assigned? _____

Will you be Full Time _____ **or Intermittent** _____ **Air Attack?**

Why is this course a benefit to you and your agency/unit?

Unit/Area Priority _____ **of** _____

I have reviewed and approve this application stating that the candidate has met the pre-requisites requirements. The above is *complete* and *correct*.

Unit Training Officer's Signature

Date