

2016 National Air Attack Academy Supplemental Nomination Form

| Candidate Information | |
|-----------------------|--|
| Name | |
| Agency | |
| Unit | |
| GACC | |
| Phone | |
| Email | |

| Supervisor Information | |
|------------------------|--|
| Name | |
| Agency | |
| Unit | |
| Phone | |
| Email | |

| Course Prerequisite Documentation | | |
|---|-------------------------------|--|
| ICT3 or DIVS Qualification | Certification date(s) | |
| Interview with ATGS Instructor | ATGS signature and date | |
| ATGS mission ride-along | ATGS signature and date | |
| Candidate commitment to 6 training assignments in a 2-year period. | Candidate signature and date | |
| Supervisory approval for: (1) Attendance to 2 week Academy and (2) 6 training assignments in a 2-year period | Supervisor signature and date | |
| Training Coordinator Use Only | | |
| GACC Priority | Of | |
| Comments | | |

Supplemental nomination forms need to be submitted to the course coordinator, Shaylor Sorensen (stsorens@blm.gov), by November 1, 2015.