| **Request for Prescribed Fire Training Assignment** |
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| **Applicant Name:**       |
| **Applicant Duty Station (e.g., FA-331, NIFC):**       |
| **Applicant E-mail Address:**       |
| **Applicant Phone Numbers:** Work: | Work:       | Cell:       |
| **Supervisor Name:**       |
| **Supervisor Phone Numbers:** | Work:       | Cell:       |
| **Date of supervisor approval:**       |
| **What is your trainee position? (Select only one position per application.)** |
| [ ]  RXB1 | [ ]  FEMO |
| [ ]  RXB2 | [ ]  FIRB |
| [ ]  RXM1 | [ ]  FUMA |
| [ ]  RXM2 | [ ]  PLDO |
| [ ]  FIRL  | Other:       |
| **What is your current function?**  |
| [ ]  FMO | [ ]  FOS |
| [ ]  AFMO | [ ]  Fuels Specialist |
| [ ]  Engine Crew | [ ]  Hotshot Crew |
| [ ]  Fuels Crew | [ ]  Helitack Crew |
| [ ]  Smokejumper | [ ]  Dispatch |
| Other Fire Personnel (Specify):       |
| Non-Fire Personnel (Specify):       |
| **What is your reason for applying for the program?** |
| [ ]  401 Incumbent | [ ]  Gain new qualifications |
| [ ]  Maintain current qualifications | Other (Specify):       |
| **Where are you in the Position Task Book (PTB) process?** |
| [ ]  Initiated PTB | [ ]  70% | [ ]  100% - need additional assignment |
| [ ]  50% or less | [ ]  80% |  |
| [ ]  60% | [ ]  90% + |  |
| **Dates of availability (Be reasonable and stay within the fiscal year—October through September):** |
| Start Date:       | End Date:        |
| Start Date:       | End Date:       |
| **Additional information regarding the assignment (e.g., type of fuel, complexity of assignment needed):**       |

***MS Word Tip: Double click the appropriate boxes above and mark “Checked” under Default Value to make your selection.***