



Inter-Agency Wildland Training

NWCG WILDLAND FIREFIGHTER TYPE 2 TRAINING

DATE(S) OF CLASS: **S-190 Introduction to Wildland Fire Behavior**
Saturday, June 1, 2019 0830 to 1700 hrs.
Classroom: Montesano Fire Department, Station 1

S-130 Firefighter Training (includes L-180)
Sunday, June 2, 2019 0830 to 1700 hrs.
Classroom: Montesano Fire Department, Station 1

Saturday & Sunday, June 8 & 9, 2019 0830 to 1700 hrs.
Classroom: Grays Harbor FD 2, Station 2-1

Saturday, June 15, 2019 0730 to finish
Field Exercise – Reporting location TBD

PRE-COURSE WORK: Yes, pre-course work must be completed prior to class on-line, students must bring completed training certificates to class.

I-100, Introduction to the ICS,
<https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>
IS-700.B, An Introduction to the NIMS
<https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b>

SELECTION CRITERIA: Must be a member of fire district or department or wildland firefighting state or federal agency.

COST: **\$50.00** (for cost related to refreshments and meals June 8, 9 & 15. There is no charge for instruction or materials related to the class instruction delivery)

APPLICATION: Application Form is attached to this announcement.

Send Completed Applications to:
Grays Harbor Fire District No. 2
ATTN: Wildland FFT2 Training
6317 Olympic Highway, Aberdeen, WA 98520
Fax: (360) 532-6075
Email: j.ambrose@ghfd2.net

COURSE CONTACT: Leonard Johnson
Cell (360) 581-9672 Email: l.johnson@ghfd2.net

Inter-Agency Cooperators: WA DNR – Olympic Region, Grays Harbor FD2, Montesano FD



GRAYS HARBOR FIRE DISTRICT No. 2

APPLICATION FOR TRAINING

Date:

Student Information:

Last Name	First Name	Middle Int.
Address:	City:	Zip:
Fire District/Department Name:		
Contact Phone #:	Work Phone #:	Email Address:

Class Information:

List Dates/Description/Location of training to be attended:

Date(s):	Description of Training:	Course Cost:	Location:
June 1-2, 8-9 & 15, 2019	NWCG Wildland Firefighter Type 2	\$50.00	Multiple Locations

I certify that the information contained in this application is truthful, to the best of my knowledge. I understand that the training I am applying for is on the above dates and that I will be able to attend all days if approved. I also understand that if I am unable to attend, I may be responsible to pay processing fees, if applicable, if I do not cancel by deadline.

Applicants Signature: _____ Date: _____

Agency Certification:

The applicant above is authorized to attend training as indicated on this application. The agency also understands that we are responsible for guaranteeing payment for class costs to Grays Harbor Fire District 2. *This section requires the signature of an authorized representative of the agency that will guarantee payment or partial payment for class or cancellation after deadline.*

Printed Name: _____ Title: _____

Signature: _____ Date: _____

FOR FIRE DISTRICT 2 USE ONLY

Date Received:	Required Signatures: YES NO	Approved:	Denied:
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Reproduce application as necessary.