

# Basic Wildland Firefighting Training COURSE ANNOUNCEMENT

**Course:** S-130 Basic Firefighter  
S-190 Intro to Fire Behavior  
L-180 Human Factors on the Fireline.

**Dates:** Monday, June 18 thru Friday, June 22 2018

**Location:** BIA Great Lakes Agency 916 W. Lakeshore Dr. Ashland, WI. 54806

**Course Description:**

S-130 is a classroom and field course instructing entry-level firefighting skills. Topics covered include; safety, preparedness, tools and equipment, firing devices, use of water, suppression, securing the control line, maps, scouting and hazardous materials.

S-190 provides instruction in the primary environmental factors that affect the start and spread of wildfire and the recognition of potentially hazardous situations.

**Target Audience:** Entry-level firefighters

**Course Prerequisites:** 18 years of age by September 30, 2018

**Class Size:** To be determined, first come first serve basis, Tribal members will have preference

**Nominations Due:** June 4, 2018

**Follow the below QR code to fill out a nomination sign-up form:**



**OR follow the link below to fill out a nomination sign-up form:**

[https://docs.google.com/forms/d/e/1FAIpQLSeLQjLmMGweZSPWY-AqYVx\\_Bs9T2YKxixCDE\\_NtYgdvUyIptQ/viewform](https://docs.google.com/forms/d/e/1FAIpQLSeLQjLmMGweZSPWY-AqYVx_Bs9T2YKxixCDE_NtYgdvUyIptQ/viewform)

**OR fill out the attached form below and send the nomination to:**

Weston Casey Olson BIA Great Lakes Agency FOS

[weston.olson](mailto:weston.olson) Office – 715-685-2377 Fax – 715-682-8897

Upon acceptance you will be notified by email for confirmation.

**NWCG INTERAGENCY TRAINING NOMINATION  
AND AGREEMENT TO COLLECT FUNDS**

**INSTRUCTIONS:** Complete Part I and send to Weston Casey Olson ONLY IF YOU ARE NOT USING EITHER OF THE ABOVE TWO METHODS TO SIGN-UP.

Part I - Training Nomination

**Date Submitted:** \_\_\_\_\_ **Priority:** \_\_\_\_\_ **of** \_\_\_\_\_

**Course Session Information**

**Course Code & Name:** BASIC FIREFIGHTING TRAINING - S130, S190, L180

**IQCS Session Number:**

**Location:** ASHLAND, WI

**Start Date:** 6/18/18

**End Date:** 6/22/18

**Tuition:** NA

**Coordinator Information**

**Coordinator Name:** Dave Pergolski/Weston Casey Olson

**Coordinator Email:** [david.pergolski@bia.gov](mailto:david.pergolski@bia.gov) weston.olson@bia.gov

**Coordinator Phone & Fax:** phone - 715-685-2374, fax – 715-682-8897

**Nominee Information**

**IQCS Employee ID Number:** NA

**Nominee Name:**

**Title:**

**Email:**

**Phone:**

**Training Officer Information**

**Training Officer Name:**

**Training Officer Email:**

**Phone:**

**Nominee Agency & Home Unit Information**

**Agency Name:**

**Home Unit:**

**Address:**

**City, State & Zip Code:**

**Phone:**

**Nominee Mailing Address (if different than Home Unit)**

**Address:**

**City, State & Zip Code:**

**List training completed and dates pertinent to this course**

**List past qualifications pertinent to this course**

**Nominee Signature**

*I confirm that the information contained within this form is correct or will be corrected prior to submission. If selected for the session, I will notify the Unit Training Representative if I am unable to attend. I agree to these terms and hereby sign this nomination form.*

**Supervisor Signature**

*I certify the nominee meets the prerequisites, or, if not met, I will put the reasons for attending the course in Remarks.*