

Florida Forest Service TRAINING NOMINATION and AGREEMENT TO COLLECT FUNDS

INSTRUCTIONS: Fill in all applicable boxes. (Complete Part II only if there are charges for the training.)

Date:
FFS Hire Date:

PART I TRAINING NOMINATION

Course Name:		Rev. 4/2024
Course Date(s):	Course Location:	Course Tuition: (if required)
Course Coordinator:	Coordinator Phone: (Voice/Fax)	Coordinator E-mail Address:
Nominee's Name:		Date Submitted:
		Male
		Female
Working Job Title:		E-mail Address:
		Fax Number
Agency: (Name, Address)	District #:	Nominee's Mailing Address: (if different)
Telephone No.		Telephone No.
List training completed and dates pertinent to this course:		
List your current/past qualifications pertinent to this course:		
Nominee's Signature: (I, the nominee, will notify the Unit Training Representative if I am unable to attend)		
Supervisor's Signature: (I certify the nominee meets the prerequisites, or if not met I will explain in Remarks)		
Remarks:		

Course Name		Nominee Name	
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INSTRUCTIONS: *(Complete only if there are fees to be paid for the course.)* Please check the section that corresponds to your agency affiliation and complete the address/signature block. This form must be signed by an individual with authority to sign agreements and obligate the funds listed.*

PART II AGREEMENT TO COLLECT FUNDS

<p>NON-STATE AGENCIES: Contractors and local governments engaged in fire suppression and protection of public lands. FFS Training Nomination constitutes written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law.</p>
<p>FEDERAL AGENCIES: FFS Training Nomination constitutes the required written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signatures is also certifying services requested are in the best interest of the United States; cannot be procured by contract as conveniently or cheaply from a commercial source and appropriate funds are available for this purpose.</p>
<p>FLORIDA STATE AGENCIES: State agencies engaged in fire suppression and protection of public lands. FFS Training Nomination constitutes written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law.</p>

ADDRESS/SIGNATURE: (Billing address if different than Sponsor or Agency Address)

Authorized to expend funds listed above: (Printed Name)		Agrees to provide training requested: (Printed Name)	
Title:	Date:	Title:	Date:
SIGNATURE:		SIGNATURE:	

***Course Tuition, Lodging and Meal fee information can be found online on the WTC information pages or by calling WTC and/or the Course Coordinator.**