



Operations and Training Committee Request for Change

Requestor: *(check applicable boxes)*

- | | | | | |
|--------------------------------|---|--|---|-------------------------------------|
| <input type="checkbox"/> BIA | <input type="checkbox"/> BLM | <input type="checkbox"/> FS | <input type="checkbox"/> FWS | <input type="checkbox"/> GACG _____ |
| <input type="checkbox"/> NPS | <input type="checkbox"/> State - which one? _____ | <input type="checkbox"/> IAFC | <input type="checkbox"/> USFA | |
| <input type="checkbox"/> GATRs | <input type="checkbox"/> NMAC | <input type="checkbox"/> NWCG Training Program | <input type="checkbox"/> NWCG Committee | |

Contact Information:

Name: _____

Agency: _____

Home Unit: _____

Contact #: _____

Email: _____

Date Submitted: _____

Describe the Proposed Change* (Provide a concise description):**Description of the Issue/Reason for Change*** (Concise overview and background):**Systems Affected by Change*** (i.e., ICS function, operations, information technology, equipment):**For OTC Use Only****OTC Tracking #:****Approval:**

- | | | |
|-----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | <input type="checkbox"/> Pending |
|-----------------------------------|---------------------------------------|----------------------------------|

Date: _____

Name: _____

Rationale:**Action:**

- | | |
|---|-------------|
| <input type="checkbox"/> Decision Memo Sent | Date: _____ |
|---|-------------|

***Attach any supporting documentation that may help to further explain the requested change.**