



Operations and Training Committee Request for Change

Requestor: <i>(check applicable boxes)</i>				
<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"/> NWCWG Training Program	<input type="checkbox"/> NWCWG 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 #: 2019-02				
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.**