BLM Fire Training Request for Change

State/Office Requesting Change:	
State Fire Training Officer:	
Unit Representative Name:	
Unit Representative Home Unit:	
Unit Representative Contact #:	
Unit Representative Email:	
Date Submitted:	
Description of the Proposal (Be concise.)	
Description of the Issue (Concise overview and background and reasons change is needed.)	
Desired Outcome (Describe potential end product, proposed language, estimated due date, etc.)	
Estimated Cost/Workload Required	
~For Committee Use Only~	
Workforce Development Working Group	Yes
Approval	□ No
**	Pending/Further Information Needed
Date:	
Rationale:	
Fire Leadership Team Approval, if required	Yes
	No
	Pending/Further Information Needed
Date:	
Rationale:	