**BLM Fire Training Committee Request for Change**

| **State/Office Requesting Change:** |
| --- |
| **State Training Representative:** |
| **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~***

| ***Tracking #:*** | ***BFTC – FY-#*** |
| --- | --- |
| ***BLM Fire Training Committee Approval*** | ⬜ Yes  ⬜ No  ⬜ Pending/Further Information Needed |
| Date: |  |
| Rationale: |  |

| ***Fire Operations Group Approval*** | ⬜ Yes  ⬜ No  ⬜ Pending/Further Information Needed |
| --- | --- |
| Date: |  |
| Rationale: |  |

| ***Fire Leadership Team Approval*** | ⬜ Yes  ⬜ No  ⬜ Pending/Further Information Needed |
| --- | --- |
| Date: |  |
| Rationale: |  |