

# Engine Operator Workshop Nomination Form

**Note:** Only COMPLETED and LEGIBLE forms will be accepted!

|   |  |
|---|--|
| *Nominee's Name:  |  |
| *Course Number(s) & Name(s): (courses cannot overlap)   | Course Location:<br>Camp Williams, 17800 S. Camp Williams Road,<br>Bluffdale, UT 84065 |
| *Agency (name and address-include district office name):  | Training Officer's name, phone number and email address:                               |
| Working Job Title:  | *IQCS # (Federal Employees Only):  |
| *Work or Cell Phone:  | *Supervisor's Name:  |
| *Fax Number   | *Supervisor's Phone:   |
| *E-mail Address:  | *Supervisor's E-mail:  |
| Do you meet all course prerequisites? <b>Yes / No</b><br>List your past experience <u>pertinent</u> to the course(s). | List training completed and dates <u>pertinent</u> to the course(s).                   |

## PAYMENT

**Nominations WILL NOT be processed without completion of the attached payment form.**

|   |                            |          |
|---|----------------------------|----------|
| Tuition: \$433.00<br>(Non Utah BLM Students)  |                            | Total \$ |
| <b>Upon submission of this form, you agree that you will be charged for the course if you do not cancel by May 1st, 2014.</b> |                            |          |
| Nominee's<br>Signature:   | Supervisor's<br>Signature: |          |

|   |   |
|---|---|
| <h3 style="text-align: center; margin: 0;">Contact Information</h3> <p style="margin: 5px 0;">Cherie Ausgotharp      Phone: (801) 539-4130<br/>Utah Engine Workshop      Fax: (801) 539-4097 or<br/>200 S. 440 W., Suite 500      (801) 539-4198<br/>Salt Lake City, UT 84101      E-Mail: <a href="mailto:causgoth@blm.gov">causgoth@blm.gov</a></p> | <ul style="list-style-type: none"> <li>Please make a copy of this form for your records.</li> <li>Only <b>complete</b> nominations will be accepted.</li> <li>Payment <b>must</b> accompany nomination. Use attached credit card form.</li> <li>This form must be E-mailed to <a href="mailto:Cherie.Ausgotharp@blm.gov">Cherie Ausgotharp</a></li> </ul> |
|---|---|

Federal Agency Nomination Form

| Office Use Only                          |  |
|--|--|
| <input type="checkbox"/> PW _____        | <input type="checkbox"/> Letter _____      |
| <input type="checkbox"/> IQCS _____      | <input type="checkbox"/> Name Tag _____    |
| <input type="checkbox"/> Paid _____      | <input type="checkbox"/> Tent Card _____   |
| <input type="checkbox"/> Cancelled _____ | <input type="checkbox"/> Certificate _____ |
| <input type="checkbox"/> Refund _____    |  |