

PRESCRIBED FIRE TRAINING EXCHANGE REGISTRATION LOUP RIVER—3/15-3/28/2026

~DEADLINE FOR SUBMISSION: FEBRUARY 16, 2026~

I. PARTICIPANT INFORMATION

Full name:

Agency/Organization and position:

Work address (street, city, state, zip/postal code, country):

Work phone: Cell phone: Email:

II. QUALIFICATIONS:

Qualified positions:

Trainee positions:

Can you contribute equipment? If so, please explain.

III. IN CASE OF EMERGENCY:

Name: Phone number(s):

Relationship (family, supervisor, friend, other):

IV. MEDICAL INFORMATION AND DIET

Do you have any allergies, medical problems or other conditions that could affect your ability to conduct prescribed fire or take part in other field exercises? If so, please describe below (continue on reverse if needed).

Are you vegetarian? Do you have any food allergies or other dietary restrictions?

V. DATES YOU PLAN TO ATTEND

VI: COURSE EXPECTATIONS

Briefly describe your expectations for the training. What do you expect to learn, to bring to the course, and to experience? How will this benefit your workplace, organization, and career?

VII: AVAILABLE EQUIPMENT

Will you have the ability to bring any vehicle resources, engine resources or other equipment?

VII: SUPERVISOR INFORMATION

Name: Phone:

Job title:

