

APPLICATION FOR HELICOPTER TRAINING ACADEMY

NAME	DATE																								
JOB TITLE & POSITION																									
HOME UNIT (forest, district, field office, or park)																									
ADDRESS, CITY, STATE, & ZIP CODE																									
PHONE NUMBER	CELL NUMBER																								
FAX NUMBER & E-MAIL																									
PAST AVIATION / FIRE EXPERIENCE (list past positions held and brief overall experience)																									
WHY DO YOU FEEL THAT THE HELICOPTER TRAINING ACADEMY IS RIGHT FOR YOU?																									
<p>SELECTED TWO WEEK SESSION DATES 2012:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Session 1- May 6 - May 19</td> <td style="width: 30%;">1st Choice</td> <td style="width: 35%;">2nd Choice</td> </tr> <tr> <td>Session 2- May 21 - June 2</td> <td>1st Choice</td> <td>2nd Choice</td> </tr> <tr> <td>Session 3- June 4 - June 16</td> <td>1st Choice</td> <td>2nd Choice</td> </tr> <tr> <td>Session 4- June 18 - June 30</td> <td>1st Choice</td> <td>2nd Choice</td> </tr> <tr> <td>Session 5- July 2 - July 14</td> <td>1st Choice</td> <td>2nd Choice</td> </tr> <tr> <td>Session 6- July 16 - July 28</td> <td>1st Choice</td> <td>2nd Choice</td> </tr> <tr> <td>Session 7- Aug 13 - Aug 25</td> <td>1st Choice</td> <td>2nd Choice</td> </tr> <tr> <td>Session 8- Aug 27 - Sept. 8</td> <td>1st Choice</td> <td>2nd Choice</td> </tr> </table> <p>*NO SESSION FOR PAY PERIOD 16, JULY 30 - AUG. 11</p>		Session 1- May 6 - May 19	1st Choice	2nd Choice	Session 2- May 21 - June 2	1st Choice	2nd Choice	Session 3- June 4 - June 16	1st Choice	2nd Choice	Session 4- June 18 - June 30	1st Choice	2nd Choice	Session 5- July 2 - July 14	1st Choice	2nd Choice	Session 6- July 16 - July 28	1st Choice	2nd Choice	Session 7- Aug 13 - Aug 25	1st Choice	2nd Choice	Session 8- Aug 27 - Sept. 8	1st Choice	2nd Choice
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Any Sessions will work ?																									
Only the Sessions I chose will work ?																									
CIRCLE TRAINING NEEDED																									
HECM	HMGB																								
APPLICANTS SIGNATURE	DATE																								

APPLICATION FOR HELICOPTER TRAINING ACADEMY

SUPERVISORS PORTION

APPLICANT MEETS ALL PREREQUISITES (initial) YES NO

COMMENTS ABOUT NOMINEE:

SUPERVISORS PRINTED NAME

PHONE NUMBER

SUPERVISORS SIGNATURE AND TITLE

DATE

UNIT TRAINING OFFICERS SIGNATURE

DATE