

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): Number of Previous Assignments as HECM or HMGB _____	
WHY DO YOU FEEL THAT THE HELICOPTER TRAINING ACADEMY IS RIGHT FOR YOU?	
HOW DO YOU PLAN TO USE HELICOPTERS AND AVIATION IN THE FUTURE?	

SELECTED TWO WEEK SESSION DATES 2026:			
Session 1:	May 24 – June 6	<input type="checkbox"/> 1st Choice	<input type="checkbox"/> 2nd Choice
Session 2:	June 7 – June 20	<input type="checkbox"/> 1st Choice	<input type="checkbox"/> 2nd Choice
Session 3:	June 28 – July 11	<input type="checkbox"/> 1st Choice	<input type="checkbox"/> 2nd Choice
Session 4:	July 12 – July 25	<input type="checkbox"/> 1st Choice	<input type="checkbox"/> 2nd Choice
Session 5:	August 2 – August 15	<input type="checkbox"/> 1st Choice	<input type="checkbox"/> 2nd Choice
Session 6:	August 23 – September 5	<input type="checkbox"/> 1st Choice	<input type="checkbox"/> 2nd Choice
Any Sessions will work ?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Only the Sessions I chose will work ?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
TRAINING NEEDED:			
<input type="checkbox"/> HECM		<input type="checkbox"/> HMGB	
APPLICANT'S SIGNATURE:		DATE:	
<h3>Supervisor's Section</h3>			
APPLICANT MEETS ALL PREREQUISITES (initial)		YES	NO
COMMENTS ABOUT NOMINEE:			
SUPERVISOR'S PRINTED NAME:		PHONE NUMBER:	
SUPERVISOR'S SIGNATURE AND TITLE:		DATE:	
UNIT TRAINING OFFICER'S SIGNATURE:		DATE:	