

# 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?

## Session Dates 2021

Session 1 (PP 10), May 23 - Jun 5, 2021	1st Choice	2nd Choice
Session 2 (PP 11), Jun 7 - Jun 19, 2021	1st Choice	2nd Choice
Session 3 (PP 12), Jun 21 - Jul 3, 2021	1st Choice	2nd Choice
Session 4 (PP 13), Jul 5 - Jul 17, 2021	1st Choice	2nd Choice
Session 5 (PP 15), Aug 2 - Aug 14, 2021	1st Choice	2nd Choice
Session 6 (PP 16), Aug 16 - Aug 28, 2020	1st Choice	2nd Choice
Any Sessions Will Work?	Yes	No
Only the Sessions I Chose Will Work?	Yes	No

Select Training Needed

HECM

HMGB

Applicants Signature

Date

## Supervisor Section

Applicant Meets All Prerequisites (Initial)

Yes

No

Comments About Nominee

Supervisor Printed Name

Supervisor Phone Number

Supervisor Signature and Title

Date

Unit Training Officer Signature

Date