

# APPLICATION FOR HELICOPTER TRAINING ACADEMY - 2025

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 2025

Session 1, Jun-1-2025 to Jun-14-2025

1st Choice

2nd Choice

Session 2, Jun-22-2025 to Jul-5-2025

1st Choice

2nd Choice

Session 3, Jul-6-2025 to Jul-19-2025

1st Choice

2nd Choice

Session 4, Aug-10-2025 to Aug-23-2025

1st Choice

2nd Choice

Session 5, Aug-31-2025 to Sep-13-2025

1st Choice

2nd Choice

**Any Sessions Will Work?**

Yes

No

**Only the Sessions I Chose Will Work?**

Yes

No

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