

Requesting to Initiate HEB1

Name: _____ FD/Agency: _____

Requesting Review by the Qualification Committee on: _____
(DATE)

I am qualified in the positions listed below:

HEB2

THE FOLLOWING DOCUMENTATION MUST BE ATTACHED

Training Certificates:

None required to initiate

Fire Experience:

Qualified HEB2

Fire Experience Logs

Position Task Book Cover:

HEB1 Task Book Cover Sheet Issued by Home Agency

Optional Documentation is also included:

Letters of Recommendation

Personnel or Crew Performance Ratings

Other NWCG or ICS Certificates