



**Danny Rhynes Interagency Training Center**  
**602 S. Tippecanoe Ave.**  
**San Bernardino, CA 92408**  
**(909) 382-2984 Fax (909) 382-4192**  
**Email: drtc@fs.fed.us**

## **Memorandum**

**DATE: December 7, 2012**

**SUBJECT: I-300 Intermediate Incident Command System**

**TO: Course Participant**

You have been selected to attend I-300 Intermediate ICS training session at the Danny Rhynes Interagency Training Center on January 28 – 31, 2013. **Class will begin at 1300 hours on Monday, January 28 and conclude at approximately 1700 hours on Thursday, January 31.**

### **Course Description:**

This course provides description and detail of the Incident Command System (ICS) organization and operations in supervisory roles on expanding or Type 3 incidents. Topics include: ICS fundamentals review, incident/event assessment and agency guidance in establishing incident objectives, Unified Command, incident resource management, planning process, demobilization, transfer of command, and close out.

### **Trainee prerequisites are:**

1. Successful completion of I-100 Introduction to ICS.
2. I-200 Basic ICS.

### **Please bring the following items to class the first day:**

1. Fireline Handbook that includes Appendix "B".
2. Field Operation Guide
3. Agency "Red Book" (Interagency Standards for Fire & Aviation Operations).

**\*\*ALL STUDENTS: Please complete and return the pre-registration form to the training center no later than close of business **Monday, January 14, 2013.****

**FAX copies are sufficient.**

### **Tuition:**

Your tuition cost is **\$300.00**

All students must submit a NWCG Nomination Form with proper agency charge codes and signatures for payment. Forms can be attained on-line at: “nationalfiretraining.net”.

### **Billing Information:**

**Forest Service (Other Regions):** The approved NWCG Nomination Form will be used for payment. This form must include proper agency charge codes and signatures.

**Other Federal Agencies:** The approved NWCG Nomination Form will be used for payment. This form must include proper agency codes, agreement numbers and signatures.

**Other Non Federal Agencies:** It is recommended that students pay with check or money order at the facility at the start of class. There is an additional 8% administrative fee added to this tuition charge. If payment is not received, a bill of collection will be issued to your agency.

**Cancellations:** Cancellations must be made one week prior to the course start date. If a cancellation occurs after the one-week cut off and the slot goes unfilled, there will be a charge not to exceed the tuition charge for the course.

The last date to cancel for this course is January 14, 2013.

If a student cancels within the two-week period and pre work has already been received, the student needs to return pre work to the training facility.

**Dress:** Students are to wear casual office attire. This means attire suitable for public contact (no shorts, tank tops, flip flops, etc).

Any questions regarding this course may be directed to your unit training coordinator or appropriate training representative. If you are self-sponsored, you may contact the training center directly at [drtc@fs.fed.us](mailto:drtc@fs.fed.us)

**Travel:** For travel and lodging information navigate on the internet to the DRTC website: <http://www.fs.usda.gov/goto/sanbernardino/travel>

Kristel Johnson  
Forest Training Officer

Enclosures:

Student Pre-Registration Form  
Training Center & Lodging Information  
Local Area Map

**PRE-REGISTRATION FORM**  
**DANNY RHYNES INTERAGENCY TRAINING CENTER**  
**FAX: 909-382-4192**

ALL Blocks MUST be Completed

**Course Title:** I-300 Intermediate ICS **Date:** Jan 28-31, 2013

**Trainee Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Agency:**

FS: Forest: \_\_\_\_\_ District: \_\_\_\_\_

Region \_\_\_\_\_ Unit: \_\_\_\_\_

Other Agency: \_\_\_\_\_ *(Ranger Unit/Station)*

*(County – City – OES – CHC Student – NPS – BLM – USCG / Use your three letter designator.)*

**Work Address:** \_\_\_\_\_

*(Mailing Address of your unit headquarters.) (City – State – Zip Code)*

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Supervisor Name/Title** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Training Officer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**RETURN THIS FORM TO THE  
TRAINING CENTER  
BY COB:**

**January 14, 2013**