**Incumbent Declaration**

**For IFPM Positions**

**Employee Name:** **Unit:**

**IFPM Position:**

**Minimum NWCG Qualifications and Training Required for Position:**

Refer to the Forest Service Standard Position Description Crosswalk for the Minimum NWCG Qualifications and Training required for the IFPM position. Also see Appendix C of the IFPM Implementation Plan.

**Required NWCG Qualifications**

Core: Date Attained:

 -and-

Secondary: Date Attained:

**Additional Required Training** (if applicable)

 Date Attended:

**Meets Minimum Qualification Standards:** Yes No

Attach supporting documentation from IQCS.

Employee: Date:

Supervisor: Date:

I have reviewed and verified the information above, and certify that the employee has met the Minimum Qualification Standards for their IFPM position.

Yes No

Certifying Official: Date:

 Unit Fire Program Manager