



Alaska Fire Service
Fire Operations
Fire Management Resources Section
(907) 356-5663 • (Fax) (907) 356-5560



Application for Fire Specialist Detail

Name: _____

Position Title: _____ Series/Grade: _____

Agency (BLM, NPS, FWS etc): _____

Unit (District, Park or Refuge): _____ Subunit: _____

Business Mailing Address: _____
Street or P.O. Box City State Zip

Street Address (for FedEx): _____

Email Address: _____ Business Number: _____

Cell Number: _____ Fax Number: _____ Home Number: _____

Supervisor's Name: _____ Supervisor's Business Number: _____

Supervisor's Mailing Address: _____

Supervisor's Email Address: _____

12 week availability (fill in dates: _____) and transportation costs approved by:

 Supervisor

What training and experience do you hope to attain on this detail?

What strengths will you bring to the fire specialist program?

TO APPLY: Mail or fax a completed Fire Specialist Detail Application and a copy of your CURRENT IQCS master record print out (NO RED CARDS) to:

John Lyons
 Alaska Fire Service AK 352
 P.O. Box 35005 Fort Wainwright, AK 99703
 Fax: (907) 356-5560 • Phone: (907) 356-5668 • Email: jrl Lyons@blm.gov
(Follow up to assure your application has been received and is complete.)