



**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) 356-5663 • Phone: (907) 356-5668 • Email: [jrl Lyons@blm.gov](mailto:jrl Lyons@blm.gov)  
*(Follow up to assure your application has been received and is complete.)*