

Appendix E. FIRE MANAGEMENT OPTION CHANGE APPROVAL FORM

Send completed change package to:

Assistant Manager, Business and Technology Management Branch
BLM-Alaska Fire Service
P.O. Box 35005
Ft. Wainwright, AK 99703

BLM_AK_AFS_GIS@blm.gov

Management Option Change Initiator: Change Description and Rationale - Describe changes geographically and jurisdictionally. Explain the rationale for the change (use additional sheets if necessary). Specify the conversion date for any changes to Modified:

Changes initiated by:

Agency _____ Administrative Unit _____

Name _____ Title _____

Email _____ Phone Number _____

Attachments:

GIS Spatial Data files including basic metadata (zipped geodatabase or shapefile):

Option Change Display Maps (pdf format): _____

Other:

GIS/ map product prepared by:

Name _____ Title _____

Email _____ Phone Number _____

Jurisdictional Agency Administrator(s)

The following land manager(s)/owner(s) have approved these fire management option change(s) for the lands that they manage/own.

Agency _____ Administrative Unit _____

Agency Administrator or Land Manager/Owner Name _____

Agency Administrator or Land Manager/Owner Signature _____ Date _____

Agency _____ Administrative Unit _____

Agency Administrator or Land Manager/Owner Name _____

Agency Administrator or Land Manager/Owner Signature _____ Date _____

Agency _____ Administrative Unit _____

Agency Administrator or Land Manager/Owner Name _____

Agency Administrator or Land Manager/Owner Signature _____ Date _____

Agency _____ Administrative Unit _____

Agency Administrator or Land Manager/Owner Name _____

Agency Administrator or Land Manager/Owner Signature _____ Date _____

Protecting FMO

Transaction Number _____ Descriptive Name: _____

The following steps have been completed:

- The submitted fire management option boundary or management level change(s) are operationally feasible.
- The required notifications have been completed.
- The required signatures have been obtained.
- GIS data and pdf map products are included with this approval sheet.

Protecting Agency _____ Zone / Area / Forest _____

Protecting Agency FMO Name _____

 Protecting Agency FMO Signature _____
Date

AFS Business and Technology Management Branch

The Fire Management Option changes identified and approved above have been made to the official Digital Atlas, the AICC Paper Atlas, and within WFDSS; and the change package has been archived.

Digital Atlas Updated By: _____ Date: _____

AICC Paper Atlas Updated/ Change Archived By: _____ Date: _____

WFDSS Update Submitted By: _____ Date: _____

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