Appendix E. Fire Management Option Change Approval Form

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:

Management Option Change Checklist

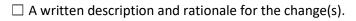
Changes initiated by:

Agency/Unit	Name/Title
Email	Phone Number

The following steps have been completed:

□ All affected and adjacent Jurisdictional and Protecting Units are aware of and have been given the opportunity to participate in the change process.

 \Box A change request package including the following elements has been completed:



 \Box A PDF map(s) representing the change(s).

□ GIS Spatial Data files including basic metadata (zipped geodatabase or zipped shapefile) that accurately reflect the requested change(s).

 \Box The Representative(s) from the affected Jurisdictional Unit(s) have reviewed and verified that the proposed option change(s) meet the intent and requirements of their agency.

 \Box The FMO(s) from the affected Protecting Unit(s) have reviewed and verified that the proposed option change(s) are operationally feasible.

□ Representatives from all affected Protecting and Jurisdictional Agencies have signed this form.

□ If any affected units do not concur with the change request, their concerns have been brought before AWFCG, have been adjudicated, and the AWFCG Chair has signed this form.

Once all required signatures have been obtained, the Protecting FMO will provide the completed change package to:

- □ Statewide Fire Planners: <u>BLM_AK_AFS_FirePlanning@blm.gov</u>
- BLM AFS GIS Staff: <u>BLM_AK_AFS_GIS@blm.gov</u>
- □ AICC Emergency Operations Coordinator: <u>akacc.aircraft@firenet.gov</u>
- \Box A representative from each of the participating agencies.

Jurisdictional Agency Certification(s)

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

Jurisdiction #1 Agency/Unit:	
Approver Name/Title	Approval Signature/Date
Jurisdiction #2 Agency/Unit:	
Approver Name/Title	Approval Signature/Date
Jurisdiction #3 Agency/Unit:	
Approver Name/Title	Approval Signature/Date
Jurisdiction #4 Agency/Unit:	
Approver Name/Title	Approval Signature/Date

AWFCG Certification

(Only required if AWFCG adjudication was necessary)

AWFCG Chair Name/Title/Agency

Alaska Interagency Wildland Fire Management Plan 2025 Review XIV Approval Signature/Date

Appendix E. Fire Management Option Change Approval Form

Protecting FMO Certification(s)

All affected parties have been consulted regarding this management option change and have reached consensus. I am hereby submitting this completed option change package to the appropriate offices listed above.

Protecting FMO #1 Agency/Unit:	
Approver Name/Title	Approval Signature/Date
Protecting FMO #2 Agency/Unit:	
Approver Name/Title	Approval Signature/Date