Appendix E. FIRE MANAGEMENT OPTION CHANGE APPROVAL FORM

Send completed change package to:

BLM-AFS Fire Planning Specialists: <u>BLM_AK_AFS_FirePlanning@blm.gov</u>

BLM-AFS GIS Staff: BLM AK AFS GIS@blm.gov

AICC Emergency Operations Coordinator: <u>BLM_AK_ACCAIR_Dispatch@blm.gov</u>

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	
Required Attachments:		
☐GIS Spatial Data files including basic metadata (zipped geodatabase or zipped shapefile):		
□ Option Change Display Maps (pdf format)		
□Other:		

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.

	Jurisdictional Agency #1
Agency	Administrative Unit
Approver	Approval Signature/Date
	Jurisdictional Agency #2
 Agency	Administrative Unit
Approver	Approval Signature/Date
	Jurisdictional Agency #3
Agency	Administrative Unit
Approver	Approval Signature/Date
	Jurisdictional Agency #4
Agency	Administrative Unit
Approver	Approval Signature/Date

Protecting FMO

The following steps have been completed:	
$\hfill\Box$ The submitted fire management option boundary or management level change(s) are operationally feasible.	
$\hfill\Box$ The required notifications have been completed.	
\square The required signatures have been obtained.	
$\hfill\square$ Required GIS data and pdf map products are included with this approval sheet.	
Protecting Agency: Protection Zone/Area:	
Protecting Agency FMO Name:	
Protecting Agency FMO Signature & Date	