

Appendix E. FIRE MANAGEMENT OPTION CHANGE APPROVAL FORM

Send completed change package to:

AFS Fire Planning Specialist: BLM_AK_AFS_FirePlanning@blm.gov

AFS GIS Staff: BLM_AK_AFS_GIS@blm.gov

AICC: BLM_AK_ACCAIR_Dispatch@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 _____

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:

- 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.
- Required 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