

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 & Protecting Units are aware of and have been given the opportunity to participate in the change process.
- A change request package including the following elements has been completed:
 - A written description and rationale for the change(s).
 - 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).
 - 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.
 - 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:

BLM AFS Fire Planning Specialists: BLM_AK_AFS_FirePlanning@blm.gov

BLM AFS GIS Staff: BLM_AK_AFS_GIS@blm.gov

AICC Emergency Operations Coordinator: akacc.aircraft@firenet.gov

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

Approval Signature/Date

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