Appendix E. FIRE MANAGEMENT OPTION CHANGE APPROVAL FORM

Send 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: 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: _____ Protection Zone/Area: _____

Protecting Agency FMO Name: _____

_____
Protecting Agency FMO Signature & Date