



2026 CIMARRON DISTRICT TRAINING CALENDAR

COURSE	DATES/TIME	INSTRUCTOR	COURSE LOCATION	NOMINATIONS DUE/PREREQUISITES	COORDINATOR
S130/S-190/L-180 INTRO TO WILDLAND FIRE	JAN 31, FEB 1, FEB 7, FEB 8	ENSO WILDLAND FIRE SERVICE	QUESTA FIRE DEPARTMENT	NOMINATIONS DUE JAN 23 PRE COURSE WORK REQUIRED BEFORE CLASS START.	Justin Williams Office: (575)376-2204 Cell: (575)447-7879 Justin.Williams@emnrd.nm.gov
S-131 FIRE FIGHTER 1	FEB 21,22	ENSO WILDLAND FIRE SERVICE	CIMARRON FD	PRE COURSE WORK REQUIRED NOMINATIONS DUE BY FEB 13	Justin Williams Office: (575)376-2204 Cell: (575)447-7879 Justin.Williams@emnrd.nm.gov
RT 130 ANNUAL REFRESHER-PACK TEST	FEB 28	TBD	TBD	CONTACT DISTRICT	Justin Williams Office: (575)376-2204 Cell: (575)447-7879 Justin.Williams@emnrd.nm.gov
S-230/231 CREW BOSS ENGINE BOSS	MAR 13,14,20,21	Top Notch Forestry Ryan Vigil	RABBIT EAR VFD	PRE COURSE WORK REQUIRED BEFORE CLASS START. NOMINATIONS DUE MARCH 6	Justin Williams Office: (575)376-2204 Cell: (575)447-7879 Justin.Williams@emnrd.nm.gov

COURSE	DATES/TIME	INSTRUCTOR	COURSE LOCATION	NOMINATIONS DUE/PREREQUISITES	COORDINATOR
S-215 FIRE OPERATION IN THE WILDLAND/URBAN INTERFACE(WUI)	MAR 7,8,14,15	ENSO WILDLAND FIRE SERVICE	LATIR VFD	NOMINATIONS DUE FEB 26	Justin Williams Office: (575)376-2204 Cell:(575)447-7879 Justin.Williams@emnrd.nm.gov
S-219 FIRING OPERATIONS	MAR 28,29	ENSO WILDLAND FIRE SERVICE	VERMEJO VFD	NOMINATIONS DUE MAR 20	Justin Williams Office: (575)376-2204 Cell:(575)447-7879 Justin.Williams@emnrd.nm.gov
RT 130 ANNUAL REFRESHER	MAR.31	TBD	TBD	CONTACT DISTRICT	Justin Williams Office: (575)376-2204 Cell:(575)447-7879 Justin.Williams@emnrd.nm.gov
S130,S190,L180 INTRO TO WILDLAND	APR 4,5,11,12	TBD	CIMARRON	PRE COURSE WORK REQUIRED BEFORE CLASS START. NOMINATIONS DUE MAR 26	Justin Williams Office: (575)376-2204 Cell:(575)447-7879 Justin.Williams@emnrd.nm.gov
RT 130 ANNUAL REFRESHER- PACK TEST	APR 15	TBD	TBD	CONTACT DISTRICT	Justin Williams Office: (575)376-2204 Cell:(575)447-7879 Justin.Williams@emnrd.nm.gov
S290 INTERMEDIATE WILDLAND FIRE BEHAVIOR	APR 18,19,25,29	TBD	CIMARRON	PRE COURSE WORK REQUIRED BEFORE CLASS START. NOMINATIONS DUE APR 9	Justin Williams Office: (575)376-2204 Cell:(575)447-7879 Justin.Williams@emnrd.nm.gov

Please mail, fax, or electronically submit nominations to the Cimarron District FMO:

MAILING ADDRESS: Attn. FMO – P.O. Box 5 Ute Park NM 87749

Fax #: (575) 376-2384

E-mail: Cimarron DFMO Justin.Williams@emnrd.nm.gov

Note: A submitted nomination form does not guarantee acceptance into a course, should a nominee be accepted into the course, an acceptance letter and packet will be sent to the nominee's home unit or to the nominee. The letter will provide course start dates, times, and other pertinent information. Also, if you cannot make the course that you are scheduled to attend, please notify the coordinator of the cancelation.

Pack tests and Refreshers do not require a nomination form; please contact the coordinator to reserve a spot by the deadlines posted and notice of cancelation also applies.

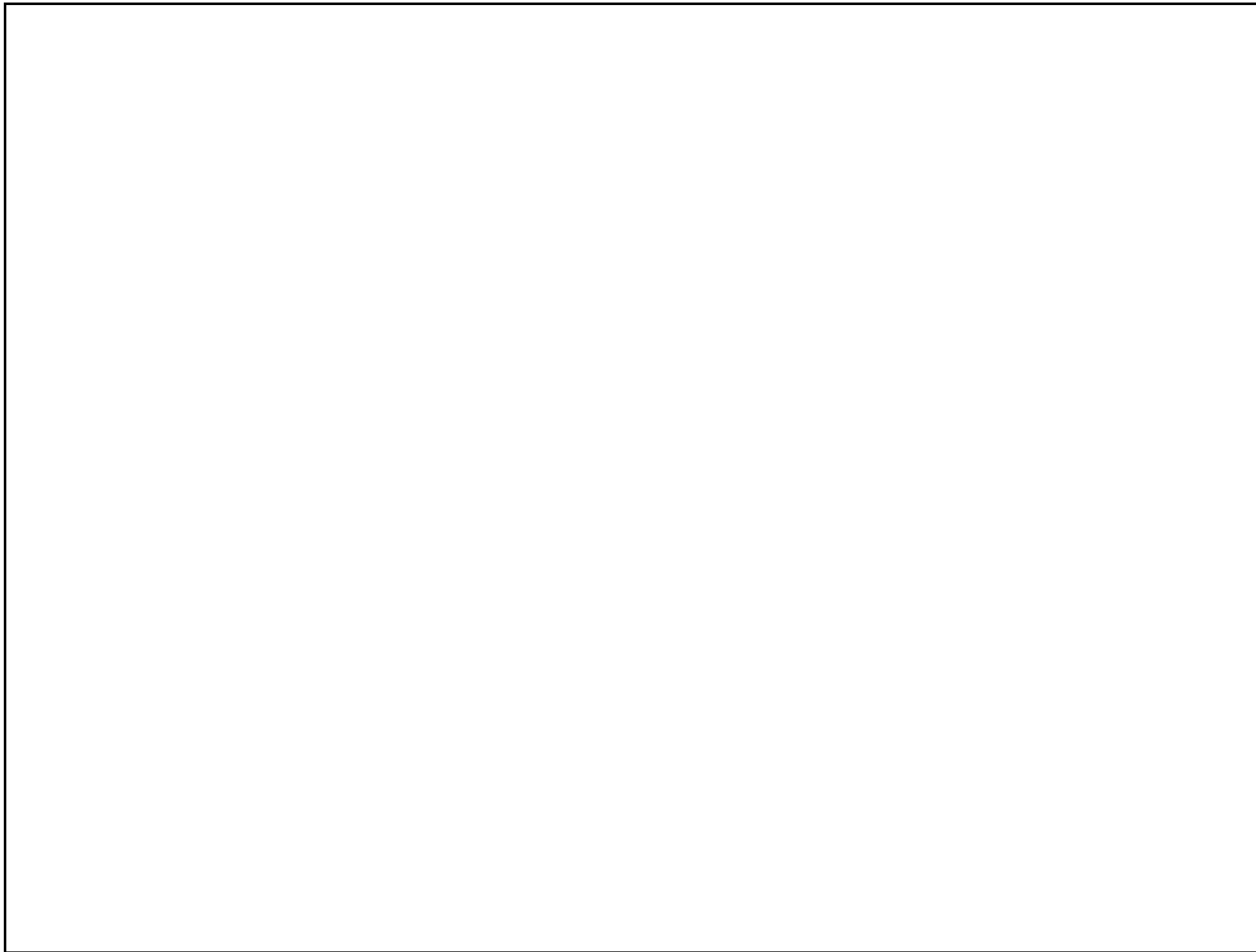
We need a minimum of 10 volunteer firefighters to proceed with scheduling a contracted class.

Note: Class start & end times are tentative and may be subject to change by the instructor.

Nomination Forms can be found here: [https://www.emnrd.nm.gov/sfd/wp-content/uploads/sites/4/NWCG Interagency Training Nomination FormRHP.pdf](https://www.emnrd.nm.gov/sfd/wp-content/uploads/sites/4/NWCG_Interagency_Training_Nomination_FormRHP.pdf)

Classes that require pre work can be found on the Wildland Fire Learning Portal: <https://www.wildlandfirelearningportal.net/>
ALL PRE-WORK MUST BE COMPLETED PRIOR TO RECEIVING CERTIFICATE!!!

S-230/231: OPEN TO FIRE CHIEFS, ASSISTANT CHIEFS OR PRIORITY FIRE FIGHTERS WITH A VOLUNTEER FIRE DEPARTMENT



NWCG INTERAGENCY TRAINING NOMINATION

AND AGREEMENT TO COLLECT FUNDS

INSTRUCTIONS: Complete Part I. Complete PART II only if there are tuition charges for the training

Part I - Training Nomination

Date Submitted: Priority: of

Course Session Information

Course Code & Name:

IQCS Session Number:

Location:

Start Date: End Date:

Tuition:

Coordinator Information

Coordinator Name:

Coordinator Email:

Coordinator Phone & Fax:

Nominee Information

IQCS Employee ID Number:

Nominee Name:

Title:

Email: Phone:

Training Officer Information

Training Officer Name:

Training Officer Email: Phone:

Nominee Agency & Home Unit Information

Agency Name:

Home Unit:

Address:

City, State & Zip Code: Phone:

Nominee Mailing Address (if different than Home Unit)

Address:

City, State & Zip Code:

List training completed and dates pertinent to this course

List past qualifications pertinent to this course

Nominee Signature

I confirm that the information contained within this form is correct or will be corrected prior to submission. If selected for the session, I will notify the Unit Training Representative if I am unable to attend. I agree to these terms and hereby sign this nomination form.

Supervisor Signature

I certify the nominee meets the prerequisites, or, if not met, I will put the reasons for attending the course in Remarks.

Remarks