## **Interagency Aviation Training Subcommittee (IATS) Request for Change**

Requestor: (check applicable boxes)				
ВІА	BLM	ВОЕМ	FWS	BOR
BSEE	FWS	□NPS	□ NSF	OAS
States	USFS	USGS	NWCG Committee	☐ Other
Contact Information:				
Name:				
Agency:				
Home Unit:				
Contact #:				
Email:				
Date Submitted:				
Description of the Issue/Reason for Change* (Concise overview and background):  Systems Affected by Change* (i.e., IAT Website, IAT Guide, Policy):				
For IATS Use Only  IATS Tracking #:				
Approval:	τ.			
Approved Not Approved Pending				
Date: Name:				
Date				
Rationale:				

Completed form should be sent to your bureau IATS member and the IATS Chair. IATS Roster link

<sup>\*</sup>Attach any supporting documentation that may help to further explain the requested change.