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:				
Describe the Proposed Change* (Provide a concise description):				
Description of the Lange (Description Change & (Consider a supplied and the plane and the				
Description of the Issue/Reason for Change* (Concise overview and background):				
Systems Affected by Change* (i.e., IAT Website, IAT Guide, Policy):				
Systems Affected by Change (i.e., introduct,				
For IATS Use Only				
IATS Tracking	#:			
Approval:				
Approved	Not Approve	d Pending		
Date:		Name:		
Rationale:				

Send completed form to your bureau IATS member and the IATS Chair. IATS Roster link

^{*}Attach any supporting documentation that may help to further explain the requested change.