## **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 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 #	F:			
Approval:  Approved Not Approved Pending				
Date: Name:				
Date:		Name:		
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.