

Qualification Review Committee (QRC) HISTORICAL RECOGNITION OF EXPERIENCE	QRC Responder Evaluation
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Applicant information	
Incident position qualification applying for:	
Applicant Name:	
Home Unit Position Title:	
Bureau / Unit:	
Phone number:	
E-mail:	
Date of Evaluation	
Evaluator(s)	

Block A. NWCG Position Qualifications	
I concur with responder's answer in Block A on the Individual Responder Evaluation Application (IREA)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	

Block B. DOI All-Hazard Position Qualifications	
I concur with responder's answer in Block B on the IREA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	

Block C. Training and Work Experience.	
I concur with responder's answer in Block C on the IREA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	

Block D. Other Considerations.	
The responder's answers in Block A, B, C and D are supported in Block E of the IREA and other supporting documents	<input type="checkbox"/> Yes <input type="checkbox"/> No
I concur with Supervisor/Training Officer Recommendation on the IREA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the rationale for this conclusion:	

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Incident position qualification applied for:	
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Applicant Name:	
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Block E. Recommendation	
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<input type="checkbox"/> 1. Fully qualified for the position	
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<input type="checkbox"/> 2. Qualified for the position upon completion of recommendations	<i>Training recommendations:</i>
	<i>Experience recommendations:</i>

<input type="checkbox"/> 3. Not currently qualified	<i>Training recommendations:</i>
	<i>Experience recommendations:</i>

<input type="checkbox"/> 3. Not currently qualified	<i>Training recommendations:</i>
	<i>Experience recommendations:</i>

<input type="checkbox"/> 3. Not currently qualified	<i>Experience recommendations:</i>
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<input type="checkbox"/> 4. Qualified at a lower level or a different position	<i>Recommendations:</i>
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Recommendation by.	
Name	Title
Email	Phone
Signature	Date