



National Interagency Fire Center Wildland Fire Management Information (WFMI) Fire Reporting Module – User Access Request

Instructions:

1. *Use Adobe Acrobat Reader to complete this form electronically and then print it.
OR: Print the form and then complete it by hand. Please print clearly and neatly!*
2. *Sign the completed form.*
3. *Fax the completed, signed form to your bureau representative (see the list below for the fax number).
OR: Scan the completed, signed form and send it by email to your bureau representative (see the list below for the email address).*

WFMI Fire Reporting Bureau Representatives

Bureau	Representative	Fax Number	Email Address
BIA	Steve Larrabee	(208) 433-6543	Steven.Larrabee@bia.gov
BLM	Dianna Sampson	(208) 387-5179	dsampson@blm.gov
BOR	Owen Walker	(303) 445-6689	owalker@usbr.gov
NPS	Andy Kirsch	(208) 387-5250	Andy_Kirsch@nps.gov



National Interagency Fire Center

Wildland Fire Management Information (WFMI)

Fire Reporting Module – User Access Request

Please type (or print clearly).

Section I: User Information			
First Name:		Last Name:	
Title:		Phone Number:	
Email Address:		Primary Time Zone:	<input type="checkbox"/> Daylight Savings Time <u>not</u> observed (e.g. AZ, HI; AS, GU, PR, VI)
Bureau:	Region/State:	Home/Host Unit:	
<input type="checkbox"/> I have a WFMI account; my Username is:		<input type="checkbox"/> I need access to WFMI Lightning.	Sunset date (if temporary account):

Section II: User Acknowledgement	
<i>I have read and agree to abide by the 'General Rules and Guidelines Governing the Use of Bureau of Land Management Computer Systems' which can be found here: https://www.nifc.blm.gov/BlmComputerRules.pdf</i>	
Signature:	Date:

Section III: Fire Reporting Access				
<input type="checkbox"/> This individual needs to view and/or export the fire reports on WFMI (for the BIA, BLM, BOR, and/or NPS).				
<input type="checkbox"/> This individual needs to enter and edit fire reports for the following:				SME Initials <i>(internal use only)</i>
	Bureau	Region/State	Reporting Unit(s)	
1				
2				
3				
4				

Section IV: Authorizing Official		
<i>(e.g. FMO/AFMO, Center Manager, Line Officer)</i>		
<i>I certify that the above-listed individual needs an account on the WFMI Fire Reporting system and that I am the Authorizing Official or have contacted the appropriate Bureau Authorizing Official(s) for concurrence of this request.</i>		
Name:	Phone Number:	Email Address:
Signature:		Date:

Internal use only:

WFMI Username:	Date:	Initials:	Comments:
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