

**Bureau of Indian Affairs
Fire Occurrence Reporting System – User's Guide**

APPENDIX L: WFMI Access

PART 2: WFMI User Access Request Form (BIA version)

This appendix contains the BIA's version of the Wildland Fire Management Information (WFMI) System User Access Request Form. Submit this form to have a WFMI user profile and log-in ID created, modified, or deleted.

National Interagency Fire Center
BLM - Office of Fire and Aviation

WILDLAND FIRE MANAGEMENT INFORMATION (WFMI) SYSTEM

FIRE REPORTING MODULE USER ACCESS REQUEST FORM

ACCESS REQUEST / INFORMATION CHANGE* / TERMINATION REQUEST**

(PLEASE CIRCLE ONE)

Applicant Information:

Name*: Last First MI Title*: *Will be inserted on any fire reports you create

Email: Phone: () - Fax: () -

Do you currently have a WFMI account (i.e., weather, lightning)? Yes No

If yes, what is your system / log-on ID name (i.e., JDOE, etc.)?

If no, do you need access to: WFMI weather? Yes No WFMI lightning? Yes No

Employment Status (please check one): Federal Tribal State Contractor

If this is a temporary assignment (i.e., detail), provide an estimated date of termination:

Home Unit Information:

Bureau: Regional/State Office: Reporting Unit/Park/Field Office:

Home Unit Mailing Address:

Fire Occurrence Access Request:

Table with 6 columns: Bureau, Regional/State Office, Reporting Unit/Field Office/Park (Unit ID), View, Edit, Export. Header: Requesting Access for the Following Units: WFMI Functions

Concurrence with Request for Access:

I certify that the above individual needs an account on the WFMI Fire Reporting System.

Printed Name Title Email address
Signature Date Phone Number

Please initial to acknowledge you have read the General Rules and Guidelines Governing The Use of BLM Computer Systems Form. These rules & guidelines apply to ALL WFMI FIRE REPORTING MODULE USERS.

Applicant's Initials: Responsible Official's Initials:

*Full name, phone number, email and requested changes are required for an information change request.
**Full name, phone number and email are required for a login termination request.

SDU Use Only: Please forward to NIFC IT Security Manager
Login Name:
Date Added:

Please fax signed form to Steve Larrabee at (208) 433-6543 or mail it to
BIA-NIFC, Attn: Steve Larrabee, 3833 S. Development Avenue Boise, ID 83705-5354