



TRAINING CERTIFICATION APPLICATION

Michigan Department of Licensing & Regulatory Affairs
Bureau of Fire Services
Fire Fighter Training Division
P.O. Box 30700, Lansing, MI 48909

Email: LARA-BFS-SMOKE@MICHIGAN.GOV

The applicant must be employed by a recognized Michigan fire or public safety department and have been added to the SMOKE Program.

Name: _____
(Last, First, M.I.) (Please print legibly)

Email: _____

SMOKE PIN: _____

Check the box you will be testing for today.

- | | |
|--|---|
| <input type="checkbox"/> Fire Fighter I w/HazMat Operations | <input type="checkbox"/> Fire Officer IV |
| <input type="checkbox"/> Fire Fighter II | <input type="checkbox"/> Fire Instructor I |
| <input type="checkbox"/> Fire Fighter I & II w/HazMat Operations | <input type="checkbox"/> Fire Instructor II |
| <input type="checkbox"/> Fire Officer I | <input type="checkbox"/> Fire Instructor III |
| <input type="checkbox"/> Fire Officer II | <input type="checkbox"/> Fire Investigator |
| <input type="checkbox"/> Fire Officer III | <input type="checkbox"/> Hazardous Materials Operations (Stand Alone) |

I attest that I have not been convicted of a felony. All the information provided in this application is truthful at the date of signing.

Signature: _____ Date: _____

I attest the individual named above is the original signatory.

Witness Signature: _____ Date: _____
(Training Coordinator)

Questions may be directed to:

Dan Hammerberg
Region 1 Coordinator
Phone: (906) 399-4399
Email: hammerbergd@michigan.gov