



INSTRUCTOR 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

Applicant Name:	SMOKE PIN:
Email Address:	
Department Name:	

<input type="checkbox"/> PROBATIONARY INSTRUCTOR I	Yes	No
Are you a member, or have been a member, of an organized Michigan fire/public safety department for 36 months or more?	<input type="checkbox"/>	<input type="checkbox"/>
Are you Firefighter II certified (or old 240-hour program)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you successfully completed the 40-hour NFPA 1041 Instructor I Course within the past 60 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed the MFFTC Instructor Orientation Course on or after 2009*? (It is not needed if the Instructor I (H07C) course was taken.)	<input type="checkbox"/>	<input type="checkbox"/>
Is your primary address, phone, and email up to date in the SMOKE system?	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> CERTIFIED INSTRUCTOR I	Yes	No
Are you a member, or have been a member, of an organized Michigan fire/public safety department for 36 months or more?	<input type="checkbox"/>	<input type="checkbox"/>
Are you Firefighter II certified (or old 240-hour program)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you successfully completed the 40-hour NFPA 1041 Instructor I Course (within the past 60 months) or received Instructor I Course reciprocity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed the MFFTC Instructor Orientation Course on or after 2009*? (It is not needed if the Instructor I (H07C) course was taken.)	<input type="checkbox"/>	<input type="checkbox"/>
Have you attached a completed BFS-253 Probationary Instructor Mentoring Form? (Not required for those using Instructor I Course reciprocity)	<input type="checkbox"/>	<input type="checkbox"/>
Is your primary address, phone, and email up to date in the SMOKE system?	<input type="checkbox"/>	<input type="checkbox"/>

* The MFFTC Instructor Orientation Course is required for Instructor I reciprocity, equivalency certificates, and previous versions of Instructor I (H07A and H07B).

ATTESTATION

I certify that I will comply with the policies and procedures governing fire training set forth by the Michigan Fire Fighters Training Council and the Bureau of Fire Services Fire Fighter Training Division as outlined in the Instructor Guide and Administrative Manual. I further certify that I will/did not start my mentoring prior to receiving my probationary status approval letter from the state fire marshal. I attest that I have not been convicted of a felony.

Applicant Signature

Date

I, _____ confirm that the above applicant is a
Fire Chief or Public Safety Director (printed)
member in good standing with this organization.

Fire Chief or Public Safety Director Signature

Date

Please retain a copy of your application for your records. Email this application along with copies of qualifying certificates and supporting documents to: LARA-BFS-SMOKE@michigan.gov.

Questions may be directed to:

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