



# EXAM COVER SHEET

Please PRINT CLEARLY

Course Name:

(Fire Fighter I, II, I & II, HazMat FRO, Driver Training, Instructor I, etc.)

Course Number (full course number):

Example: 2016-1Z-21-A15C-0001

Course Start Date:

End Date:

Course Location:

(City)

Number of Students:

Instructor of Record:

SMOKE ID number:

Six Digit ID Number

Final course paperwork is mailed to:

**Bureau of Fire Services  
Fire Fighter Training Division  
2407 N. Grand River  
P. O. Box 30700  
Lansing, MI 48909**