



ACTIVE MEMBER OF THE ARMED FORCES IN GOOD STANDING FORM

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: _____
(Last, First, M.I.)

INSTRUCTIONS:

An active member of the Armed Forces, currently under your command, is applying to the State of Michigan Bureau of Fire Services for reciprocity on credentials received while employed with the Armed Forces. In accordance with Michigan Public Act 291 of 1966 as amended, as part of this process, the Bureau of Fire Services requires proof that this applicant is currently in good standing with the Armed Forces.

The applicant's commander/supervisor shall complete and return this form as proof of the applicant's status.

I, _____, in my official capacity as the commander/supervisor of _____, a reciprocity applicant to the State of Michigan Bureau of Fire Services, do state that this applicant is currently in good standing with the Armed Forces of the United States of America.

Commander/Supervisor Printed Name Rank

Commander/Supervisor Signature Date

If follow up confirmation is required, I may be contacted at:

Phone: _____ Email: _____

Print a copy for your records. Copy, scan, and email this application to: LARA-BFS-SMOKE@michigan.gov

Any questions may be directed to:

Liam A. Carroll
Certification Specialist
Fire Fighter Training Division
Phone: (517) 242-1171
Email: CarrollL3@michigan.gov