

**Course Application**  
 Michigan Department of Labor & Economic Growth  
 Bureau of Fire Services / Office of Fire Fighter Training  
 P.O. Box 30700, Lansing, MI 48909  
 517-241-8847

Regional Supervisor **must** receive this application **6 weeks** prior to start date.

TRACKING NUMBER

Authority: 1966 PA 291

**Location of Course**

NAME OF FACILITY	RTC (if applicable)	COUNTY
STREET ADDRESS		CITY

**Administrative Information**

COURSE MANAGER NAME		SOCIAL SECURITY NUMBER*		CORRESPONDENCE AND MATERIALS WILL BE SENT TO COURSE MANAGER UNLESS CHECKED FOR SHIPMENT TO ALTERNATE ADDRESS - LIST ALTERNATE ADDRESS BELOW		
STREET ADDRESS (No P.O. Box #'s allowed)						
CITY	STATE	ZIP CODE		STREET ADDRESS (No P.O. Box #'s allowed)		
BUSINESS TELEPHONE (Include Area Code)		HOME TELEPHONE (Include Area Code)		CITY	STATE	ZIP CODE

Certificates will be sent to the student's Fire Department; Pre-Service certificates will be sent to the Regional Training Center.

**Course and Funding - Instructions for registering multiple courses are on back of form.**

COURSE NAME	INDICATE CLASS SESSION _____ AM _____ PM	# OF STUDENTS	# OF MANUALS	START DATE (MM/DD/YY)	END DATE (MM/DD/YY)
FUNDING INFORMATION			IS A VIDEO REQUEST BEING SUBMITTED WITH THIS APPLICATION?		
<b>UNFUNDED BY THE BFS/OFFT</b>			YES NO		
COUNTY NUMBER	FUNDING SOURCE	INSTRUCTOR FEE (\$)	INSTRUCTOR NAME		
_____	CO ALLOC	_____	INSTRUCTOR SOCIAL SECURITY NUMBER*		
_____	SARA	_____	TOTAL COST (\$)		
_____	HMEP	_____	The Training Coordinator <b>must</b> be contacted before submitting Fire Fighter or Fire Officer applications.		
_____	_____	_____	_____		
_____	_____	_____	_____		

COURSE NAME	INDICATE CLASS SESSION _____ AM _____ PM	# OF STUDENTS	# OF MANUALS	START DATE (MM/DD/YY)	END DATE (MM/DD/YY)
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_____	_____	_____	_____		
_____	_____	_____	_____		

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_____	SARA	_____	TOTAL COST (\$)		
_____	HMEP	_____	The Training Coordinator <b>must</b> be contacted before submitting Fire Fighter or Fire Officer applications.		
_____	_____	_____	_____		
_____	_____	_____	_____		

**Approvals**

COURSE MANAGER SIGNATURE	DATE
COUNTY TRAINING COMMITTEE SIGNATURE (Required for Funded Courses only)	TELEPHONE NUMBER (Include Area Code)
	DATE

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

## Instructions for Course Application

Completion of this form is voluntary; however, course will not be approved if form is not completed.

**Electronic Completion** - This form may be completed electronically and printed. In order to save your completed form, you must have the full version of Adobe Acrobat.

### General Information

- Illegible or incomplete Course Applications will be returned.
- All applications and related paperwork **MUST BE RECEIVED BY THE OFFICE OF FIRE FIGHTER TRAINING (OFFT) REGION SUPERVISOR (OR BE POSTMARKED) 6 WEEKS PRIOR TO THE START DATE OF THE FIRST SCHEDULED COURSE OR EXAMINATION.**
- Use the Course Change/Cancellation form (BFS-111) to make changes to course information after the Course Application (BFS-110) is submitted.

**Location of Course** - Must be completed.

### Administrative Information

- Course manager must be an approved instructor or the region training center representative registered with the OFFTC. The course manager is responsible for overseeing the courses and forwarding OFFT correspondence and course materials to the instructor(s).
- Enter the social security number of the course manager.
- Do not complete the course manager's address. The course manager's address registered with the OFFT will be entered automatically.
- Correspondence and materials for all courses that are registered together will be sent to one address only.
- OFFT will complete and forward certificates upon course completion and receipt of final paperwork.

### Courses and Funding

- When registering **MULTIPLE COURSES**, the following requirements apply:
  - All courses must start and end in the same fiscal year (October 1 - September 30).
  - An additional BFS-110 may be used to register more than three courses by completing "Section 3" and filling in the page numbers.
- When a course is conducted in AM and PM sessions, each session must be registered as a separate course.
- Funded courses require a minimum of 15 students from two or more departments.
- Contact your Training Coordinator or Region Supervisor to verify student manuals currently being supplied.
- Indicate if course is unfunded or if funded, identify funding source(s).
- If course is funded, enter the county number for each funding source.
- Enter instructor fee for funded courses. Do not exceed the maximum OFFT instructor fee set for a course.
- Check "Yes" to indicate if videos are being scheduled for this course or "No" if no videos are scheduled.
- Enter the social security number of the instructor.

### Approvals

- The course manager must sign and date the completed form.
- Funded courses must be approved by the designated County Training Committee representative.

### Required Paperwork That Must Submitted With This Application

- FFI or II courses require the Fire Fighter I & II Schedule (BFS-103).
- The Video Schedule application (BFS-104) must be used to schedule OFFT videos.
- The HazMat Awareness course is required with FFI and the HazMat Operations course is required with FFII.

#### Mail or fax the completed form to your Region Supervisor

<p><b>Deward Beeler</b> <b>Region 1 Supervisor</b> Office of Fire Fighter Training 1504 W. Washington St., Ste. B Marquette, MI 49855</p> <p>Telephone: 906-226-4170 Fax: 906-228-2453 email: beelerd@michigan.gov</p>	<p><b>Gary Crum</b> <b>Region 2 Supervisor</b> Office of Fire Fighter Training 2922 Fuller Ave., NE, Ste. 114 Grand Rapids, MI 49505</p> <p>Telephone: 616-447-2689 Fax: 616-447-2668 email: crumg@michigan.gov</p>
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