

Examination Request - FF I, FF II, FF I & II
 Michigan Department of Labor & Economic Growth
 Bureau of Fire Services
 Office of Fire Fighter Training
 P.O. Box 30700
 Lansing, MI 48909
 Telephone: 517-241-8847 Fax: 517-335-4061

Authority: 1966 PA 291

Before submitting this form, you **must** schedule the written and practical examination dates with your Training Coordinator. This form must be received in the Lansing office at least **six (6) weeks prior** to the examination date. **If there are ADA Students, Re-Tests and/or Challengers, the "ADA approval" letter, "Notice of Examination Results" letter and/or BFS-215 Challenger Test Application must be attached.**

Important - The number of test candidates cannot be changed after submittal of your Examination Request. To minimize problems, we strongly recommend you wait until approximately 8 weeks prior to the examination date to submit.

If you have questions, please call the Region Supervisor for your region. Region 1, Deward Beeler, 906-226-4170. Region 2, Gary Crum, 616-447-2689.

Mail or fax this form to the address listed above.

TRAINING COORDINATOR PROCTORING EXAMINATION		COURSE NUMBER	
INSTRUCTOR OF RECORD		DAYTIME TELEPHONE NUMBER (Include Area Code)	INSTRUCTOR OF RECORD SOCIAL SECURITY NUMBER*
COURSE MANAGER		DAYTIME TELEPHONE NUMBER (Include Area Code)	
WRITTEN EXAMINATION DATE	TIME	NAME OF FACILITY	
STREET ADDRESS (Of Written Examination)			CITY
PRACTICAL EXAMINATION DATE	TIME	NAME OF FACILITY	
STREET ADDRESS (Of Practical Examination)			CITY

FF I	Student	Student Re-Test	Challenge	Challenge Re-Test	Total	# of Readers
Written Exam						
Practical Exam						

FF II	Student	Student Re-Test	Challenge	Challenge Re-Test	Total	# of Readers
Written Exam						
Practical Exam						

FF I & II	Student	Student Re-Test	Challenge	Challenge Re-Test	Total	# of Readers
Written Exam						
Practical Exam						

Instructor's Signature

SIGNATURE OF INSTRUCTOR OF RECORD	DATE
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Do not write below this line - For OFFT use only

COPY FAXED TO REGION SUPERVISOR	COPY MAILED TO TRAINING COORDINATOR	EXAMS SHIPPED TO TRAINING COORDINATOR
DATE: _____ INITIALS: _____	DATE: _____ INITIALS: _____	DATE: _____ INITIALS: _____

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.