

Probationary Instructor Application
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

Authority: 1966 PA 291

Applicant Information

| | | | | |
|--|--|------------|-------------------------|-------------------------|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL |
| ADDRESS (No P.O. Boxes - UPS will not deliver) | | | COUNTY OF RESIDENCE | |
| CITY | | STATE | ZIP CODE | SOCIAL SECURITY NUMBER* |
| DAYTIME TELEPHONE NUMBER (Include Area Code) | EVENING TELEPHONE NUMBER (Include Area Code) | | DRIVER'S LICENSE NUMBER | |
| E-MAIL ADDRESS | FIRE DEPARTMENT / STATION NAME | | FDID NUMBER | |

Training Prerequisites - Attach copies of the following certificates

| | | | |
|--|--------------------------------|---|---|
| Educational Methodology or approved equivalent | Instructor Orientation - IFSTA | FF I or old Phases I & II (to instruct FF I) | FF I & II or old Phases I-IV (to instruct FF I & II) |
| If you cannot provide a copy place Course Number here: | | | |

Fire Suppression Experience (Minimum 3 years required, list most recent first)

| Fire Department Name | FDID Number | From Month/Year | To Month/Year |
|----------------------|-------------|--------------------|------------------|
| | | | |
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Certification and Signature

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|---|------|
| I certify the information provided is true and accurate to the best of my knowledge. I authorize the release of all criminal history information that pertains to this application. | |
| APPLICANT'S SIGNATURE | DATE |

Sponsor (Check appropriate box)

| | | |
|--|---|--|
| <input type="checkbox"/> Applicant's Fire Chief | <input type="checkbox"/> CTC Representative | <input type="checkbox"/> OFFT Training Coordinator |
| I certify I have reviewed the information provided and attest it is true and accurate to the best of my knowledge. | | |
| PRINTED NAME OF SPONSOR | TELEPHONE NUMBER (include Area Code) | |
| SPONSOR'S SIGNATURE | DATE | |

Mail or fax the completed form to your Region Supervisor

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

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|------|-------|-----------|----------|-----------|---------------------|------|
| FF I | FF II | ED. METH. | IO-IFSTA | NO. YEARS | REG. SUPV. INITIALS | 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.