



## "Q" COURSE APPLICATION

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](mailto:LARA-BFS-SMOKE@MICHIGAN.GOV)

To add a seminar/course to be listed in SMOKE submit this form to the following email address: [LARA-BFS-SMOKE@MICHIGAN.GOV](mailto:LARA-BFS-SMOKE@MICHIGAN.GOV) for review. The request will be reviewed and forwarded to the Michigan Fire Fighter Training Council (MFFTC) for curriculum review at the next scheduled MFFTC meeting (all requests must be made at least 15 days prior to the next regularly scheduled meeting).

### SECTION I

<b>Name of Applicant:</b>		<b>SMOKE PIN:</b>	<b>Date:</b>
<b>Host Fire Department:</b>			<b>County:</b>
<b>Applicant Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Email:</b>
<b>Applicant Phone Number:</b>		<b>Alternate Number:</b>	

### SECTION II

<b>Seminar/Course Name:</b>	
<b>Instructor(s):</b>	<b>Instructor Phone Number:</b>
<b>Instructor Email/URL:</b>	<b>Flyer Attached:</b>
<b>Course Description:</b> (Include course syllabus and detailed course expenses-you may attach additional pages if needed)	
<b>Applicable NFPA Standard(s):</b>	
<b>Class Capacity:</b>	<b>Total Hours of Training:</b>

### SECTION III

<b>Applicant Signature:</b>	<b>Date:</b>
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### BFS USE ONLY

<b>Date Approved by MFFTC:</b>	<b>"Q" Course Number Assigned:</b>	<b>Date Course Catalog Updated:</b>
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