



# PROBATIONARY INSTRUCTOR 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)

<b>Applicant Name:</b>	<b>SMOKE PIN:</b>
<b>Department Name:</b>	

Probationary Instructor I	Yes	No
Are you a member or have been a member with the last five (5) years of an organized Michigan fire department?		
Are you Firefighter II certified (or old 240 hour program)?		
Do you have five (5) years fire suppression experience?		
Have you completed the FFTD 40 hour Instructor I Course or possess the equivalency? (attach a copy of equivalency documentation, if applicable)		
Have you completed the FFTD Instructor Orientation Course on or after 2009?		
Is your primary address, phone, and email up to date in the SMOKE system?		

*I certify that I will comply with the policies and procedures governing fire training set forth by the Michigan Fire Fighter Training Council and the Bureau of Fire Services Fire Fighter Training Division as outlined in the Instructor Guide and Administrative Manual. I further certify that I will not start my mentoring prior to receiving my probationary status approval letter from the fire marshal. I attest that I have not been convicted of a felony.*

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Chief Signature \_\_\_\_\_  
Date

This application along with attached documentation is to be scanned and emailed to: [LARA-BFS-SMOKE@michigan.gov](mailto:LARA-BFS-SMOKE@michigan.gov) or sent to your Region Coordinator:

Dan Hammerberg, **Region 1 Coordinator**  
Phone: (906) 399-4399  
Email: [hammerbergd@michigan.gov](mailto:hammerbergd@michigan.gov)

Robert L. Stokes, **Region 2 Coordinator**  
Phone: (313) 573-7176  
Email: [stokesr6@michigan.gov](mailto:stokesr6@michigan.gov)