



MICHIGAN BUREAU OF FIRE SERVICES PROBATIONARY INSTRUCTOR APPLICATION

Applicant Name:	SMOKE ID #:	Department Name:

Probationary Instructor I	Yes	No
Are you a member or have been a member with the last 5 years of an organized Michigan fire department?		
Are you Firefighter II certified (or old 240 hour program)?		
Do you have 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 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 MFFTC and BFS 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 with attached documentation is to be sent to your respective Region Coordinator or scanned and emailed to: LARA-BFS-SMOKE@michigan.gov or your region coordinator.

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