INSTRUCTOR I PRACTICAL EXAM
RETEST 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

Applicant Name:	SMOKE ID:
Department Name:	

Course location of the first exam: _____

Course number of the first exam: _____

I certify that I will comply with the policies and procedures governing fire training set forth by the Michigan Fire Fighters Training Council and the Bureau of Fire Services Fire Fighter Training Division as outlined in the Instructor Guide and Administrative Manual and Instructor I course objectives. I attest that I have not been convicted of a felony.

_____   _____
Signature   Date

OFFICE USE:

6 hours lecture mentoring completed: _____

6 hours practical mentoring completed: _____

TC notification for evaluation: _____

TC notified: _____

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