

MICHIGAN DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
BUREAU OF FIRE SERVICES
PO BOX 30700
LANSING MI 48909

FIREWORKS DELEGATION OF AUTHORITY AUTHORIZATION APPLICATION

All Departments / Authorities and local units of Government / Governing Body (City, Village or Township) requesting Delegated Inspection Authorization must meet all requirements (indicated below) to be considered for approval to participate in the Fireworks Inspection Delegation Program:

1. Submit completed Fireworks Delegation of Authority Authorization Application (BFS-404) no later than November 2, 2015.
2. Submit a signed Delegation Agreement (BFS-405).
3. Approved department / authority State Certified Inspectors must attend and complete the delegation inspectors training provided by the Bureau of Fire Services. Please Note: Training will include the following:
BFS Fireworks Policy / Procedure Inspection process, NFPA Code requirements, BFS reporting requirements, payment process / instructions and revocation of delegation of authority.
4. An executed Delegation Agreement will be returned to confirm delegation approval to conduct inspection duties for all CFRS locations within your jurisdiction.

All inspections shall be conducted by a state certified fire inspector applying Act 256 of 2011, the promulgated Fireworks Fire Safety General Rules, BFS Fireworks Delegation of Authority program policy / procedures and documented on specified Bureau forms.

**APPLICATION MUST BE RECEIVED BY CLOSE OF BUSINESS ON:
MONDAY, NOVEMBER 2, 2015**

SECTION A

DEPARTMENT / AUTHORITY PROVIDING INSPECTION DUTIES

Department or Authority Name:
Include Fire Department ID# (FDID)

Mailing Address :

Fire Chief Name :

Fire Chief Phone :

Fire Chief E-mail :

Fire Marshal Name :

SECTION B

**ADDITIONAL CITIES, TOWNSHIPS OR VILLAGES THAT WILL
BE WITHIN THE JURISDICTION OF THE DEPARTMENT OR AUTHORITY**

(If additional space is needed please include attachment.)

City, Township or Village:

City, Township or Village:

City, Township or Village:

City, Township or Village:

City, Township or Village:

SECTION C		STATE CERTIFIED FIRE INSPECTORS	
Certified Inspector:	<input type="text"/>	Inspector #:	<input type="text"/>
E-Mail Address:	<input type="text"/>	Expiration Date:	<input type="text"/>
Certified Inspector:	<input type="text"/>	Inspector #:	<input type="text"/>
E-Mail Address:	<input type="text"/>	Expiration Date:	<input type="text"/>
Certified Inspector:	<input type="text"/>	Inspector #:	<input type="text"/>
E-Mail Address:	<input type="text"/>	Expiration Date:	<input type="text"/>
Certified Inspector:	<input type="text"/>	Inspector #:	<input type="text"/>
E-Mail Address:	<input type="text"/>	Expiration Date:	<input type="text"/>

SECTION D PAYMENT INFORMATION FOR LOCAL UNIT OF GOVERNMENT or GOVERNING BODY (CITY, VILLAGE OR TOWNSHIP) OR AUTHORITY

Governing Name:	<input type="text"/>		
Contact Name(s):	<input type="text"/>		
Mailing Address:	<input type="text"/>		
Phone Number(s):	<input type="text"/>		
E-Mail Address:	<input type="text"/>		
State of Michigan Sales Tax ID# for EFT Payments: (www.michigan.gov/cpexpress)	<input type="text"/>	3-digit Mail Code	<input type="text"/>

PLEASE NOTE: If the Local Unit of Government or Governing Body is not registered on the State of Michigan vendor file you will not be able to participate in this program. The Sales Tax ID# is required on this document prior to submitting. The 3-digit mail code can be confirmed through your Governing body.
An executed Delegation Agreement will be returned to you to confirm delegation approval to conduct inspection duties for all CFRS locations within your jurisdiction. Note: If approved, the Delegation of Authority will only be valid thru April 30, 2017.

If you do not submit the form by the deadline date, you will not be considered for Fireworks Delegation of Authority.

Please direct questions to the Bureau of Fire Services via email at FireworksDelegation@michigan.gov or call 517-373-7441.

FORMS CAN BE E-MAILED, MAILED OR FAXED TO:
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
BUREAU OF FIRE SERVICES
 PO BOX 30700
 3101 TECHNOLOGY BLVD. SUITE H
 LANSING, MI 48910

FAX: (517) 332-1427

E-Mail: FireworksDelegation@michigan.gov

FOR BUREAU USE ONLY		
<input type="checkbox"/> APPROVE	APPROVAL SIGNATURE <input type="text"/>	BUREAU DATE STAMP
<input type="checkbox"/> DENY	REASON <input type="checkbox"/> DEADLINE <input type="checkbox"/> EFT <input type="checkbox"/> OTHER	
	DENIAL SIGNATURE <input type="text"/>	