



STATE CERTIFIED FIRE INSPECTOR APPLICATION

Michigan Department of Licensing and Regulatory Affairs
Bureau of Fire Services
Fire Fighter Training Division
P.O. Box 30700, Lansing, MI 48909
LARA-CFI@michigan.gov

To meet the requirements of [Public Act 207 of 1941](#), as amended, this application must be complete, accurate, truthful and abided by.

Section A - Application Type

NEW CERTIFICATION
 RECERTIFICATION
 CHANGE OF ADDRESS* (*Complete Section B and sign)

Section B - Applicant Information

Name *(Last Name, First Name, Middle Initial)* SMOKE PIN Last 4 Digits of SSN

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Email CFI # *(recertifications)*

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Address City State Zip Code

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County Phone Number *(Include Area Code)*

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Section C - Employment Verification (New and Recertification)

Department

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Address City State Zip Code

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Phone Number *(Include Area Code)* Name of Immediate Supervisor

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Section D - New Certification Questionnaire

	Yes	No
Are you 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
Have you graduated from an accredited high school or have received a General Education Development test certificate from the Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>
Can you read and write English?	<input type="checkbox"/>	<input type="checkbox"/>
Are you of good moral character?	<input type="checkbox"/>	<input type="checkbox"/>
Are you employed by a governmental agency as a fire inspector supervisor or a fire inspector conducting fire inspections for not less than 4 hours per week?	<input type="checkbox"/>	<input type="checkbox"/>

Section D - New Certification Questionnaire (Cont.)

Yes

No

Do you hold an NFPA Fire Inspector I, Pro Board®, or IFSAC Fire Inspector I certification, meeting NFPA 1031 requirements, as determined by the Bureau of Fire Services in consultation with the State Fire Safety Board?

(NOTE: If providing ProBoard® or IFSAC Fire Inspector I Certificate, you must submit a [BFS-258 Request for Reciprocity Form](#) prior to seeking certification for CFI.)

Provide your NFPA Fire Inspector I Certification Number:
(Please also attach a copy of your NFPA Fire Inspector I Certificate)

Section E - CFI Recertification CE Record

- I understand, and have met or complied with, the following requirements pursuant to CE Recertification:
- *During the three-year period of my certification, I must complete a minimum of 10 continuing education points per year and not less than 60 points as outlined in the Bureau of Fire Services, [Fire Inspector Certification Rules](#), R29.506.*
 - *I will furnish documentation of education, experience, and training upon request of the Bureau of Fire Services.*
 - *I will complete and submit an application for recertification to the Bureau of Fire Services within 60 days prior to expiration of the three-year certification period.*

Section F – Lapsed CFI Recertification

- My certification has lapsed for not more than six (6) years and therefore is considered inactive.
- To be recertified, I am submitting all continuing education points since the expiration date of the certification. I am submitting one (1) or two (2) complete continuing education cycles, rounded up.
 - Note: Certifications lapsed for more than six (6) years shall not be recertified. Applicants must successfully meet the NFPA 1031 requirements again.

Section G - Applicant Certification and Attestation

I hereby certify the information contained in this application is complete, accurate, truthful and to be abided by. I attest I have not been convicted of a misdemeanor or felony. If convicted of a post-certification misdemeanor or felony I will immediately report such to the Bureau of Fire Services. In signing this application, I further grant the bureau permission to perform a criminal background check, at the bureau's expense. I further attest that I am in full compliance with the certification/recertification requirements of [Public Act 207 of 1941](#) and the [Fire Inspector Certification Rules](#). I further recognize that a misdemeanor or felony conviction may be presented to the bureau for determination if it is of a nature that may reasonably interfere with the performance of an inspector's duties. I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my certification.

Signature of Applicant

Date

Submit the completed application to LARA-CFI@michigan.gov. Questions may be directed to:

Liam A. Carroll
Certification Specialist
Phone: (517) 242-1171
Email: CarrollL3@michigan.gov

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

FOR BFS USE ONLY

Applicant CFI #

Date

BUREAU DATE STAMP

Processed by:

Recommendation

Reason for Denial

Approval Denial

State Fire Marshal Signature

Date

State Fire Marshal Decision

Reason for Denial

Approval Denial