



CFI Program Smoke Alarm Installation CEU Roster

Department of Licensing & Regulatory Affairs
Bureau of Fire Services
PO Box 30700
Lansing, MI 48909
(517) 241-8847
LARA-CFI@michigan.gov

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Number of Attendees _____

Inspector: One Roster per Inspector: Complete the information below. Submit the **Original Copy** of home address roster to the email or postal address listed above to obtain CE credits. Inspector must sign each page of the roster.

Fire Department and FDID # used	
Program Approval Number (Min of 10 homes)	
Credit Hours (Max 4 CE hours per year)	
Certified Inspector Name	
Inspector #	

Home Address of Installation	Inspector	Official Use Only BFS Verified

Inspector Signature _____	Date _____
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Issued under the authority of P.A. 207 of 1941. Completion is voluntary; however, failure to do so may result in denial of approval.

Fire Department	
Certified Fire Inspector Name	

Home Address of Installation	Inspector	Official Use Only BFS Verified

Inspector Signature _____	Date _____
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