



STATE CERTIFIED FIRE INSPECTOR CONTINUING EDUCATION PROGRAM APPLICATION

Michigan Department of Licensing and Regulatory Affairs
Bureau of Fire Services
Fire Fighter Training Division
Email: LARA-CFI@michigan.gov

Program Approval Number
(For Bureau Use Only)

Program applications must be submitted **at least 60 days prior** to the start of the program. Please complete the application thoroughly and provide **all** requested information. Attach a copy of the curriculum or teaching outline to this application. The application **cannot** be processed without a thorough curriculum or outline.

If approved, the applicant will receive an approval email from the Bureau of Fire Services (BFS) with the approval number, credits approved, and dates of approval. Approval is typically granted for the **three (3) year** certification cycle. For more thorough information, refer Rule 29.506 of the [Fire Inspector Certification Rules](#).

Applicant Information - The name of the contact person provided below is the individual who may be contacted regarding the program. This person's name and contact information will appear on material distributed to all inspectors. If the application is made by an agency, organization, association, or educational institution, please include the contact person.

Applicant Information

Contact Person

Contact Phone Number

<input type="text"/>	<input type="text"/>
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Agency / Organization / Association / Educational Institution (if applicable)

<input type="text"/>

Email

<input type="text"/>

Address

City

State

Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Program Information

Program Name *(Provide the name of the program as you wish it listed. A separate application is required for each program)*

<input type="text"/>

Date(s) of Training

Location

<input type="text"/>	<input type="text"/>
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Name of Instructor(s)

Instructor(s) Phone Number

<input type="text"/>	<input type="text"/>
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Training Hours **Per Day***

Total Course Training Hours*

<input type="text"/>	<input type="text"/>
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*Record the ACTUAL number of hours of training for this course. *(Actual classroom hours exclude lunches)*

Program Information (Cont.)	Yes	No
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Is this program a Home Study Course? (e.g., video, audio, or correspondence course)	<input type="checkbox"/>	<input type="checkbox"/>
Will this program be offered on a continual basis?	<input type="checkbox"/>	<input type="checkbox"/>

Program purpose and objective as it applies to the continuing education of fire inspectors.
*A clearly defined statement of purpose and objective **must** be provided.*

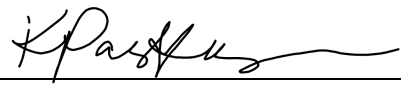
Provide the basis, code or standards used for the development of the program.

Training Equipment, Teaching Aids, or Instructional Materials to be used:

Identify the criteria to determine participants who successfully complete the program

Identify the process for reporting participants names, certification numbers, and verification of successful program completion to the Bureau of Fire Services.

Program Attendance Rosters (Originals only)
 Other (Explain) _____



 Signature of Applicant

Date

Please retain a copy of your application for your records. Email this application along with copies of supporting documents to: LARA-CFI@michigan.gov.

Questions may be directed to:

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

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