



“Q” COURSE 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

To add a seminar/course to be listed in SMOKE submit this form to the following email address: LARA-BFS-SMOKE@MICHIGAN.GOV for review. The request will be reviewed and forwarded to the Michigan Fire Fighter Training Council (MFFTC) for curriculum review at the next scheduled MFFTC meeting (all requests must be made at least 15 days prior to the next regularly scheduled meeting).

SECTION I

Name of Applicant:		SMOKE PIN:	Date:
Host Fire Department:		County:	
Applicant Street Address:			
City:	State:	Zip Code:	Email:
Applicant Phone Number:		Alternate Number:	

SECTION II

Seminar/Course Name:		
Instructor(s):		Instructor Phone Number:
Instructor Email:		Flyer Attached: <input type="checkbox"/>
Course Description: (Include course syllabus and detailed course expenses-you may attach additional pages if needed)		
Applicable NFPA Standard(s):		
Class Capacity:	Total Hours of Training:	Amount Requested:

SECTION III

Applicant Signature:		Date:
BFS USE ONLY		
Date Approved by MFFTC:	“Q” Course Number Assigned:	Date Course Catalog Updated: