



TRAINING CERTIFICATION 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

The applicant must be employed by a recognized Michigan fire or public safety department and have been added to the SMOKE Program.

Name: _____
(Last, First, M.I.) (Please print legibly)

Email: _____

SMOKE PIN: _____

Check the box you will be testing for today.

- | | |
|--|---|
| <input type="checkbox"/> Fire Fighter I w/HazMat Operations | <input type="checkbox"/> Fire Officer IV |
| <input type="checkbox"/> Fire Fighter II | <input type="checkbox"/> Fire Instructor I |
| <input type="checkbox"/> Fire Fighter I & II w/HazMat Operations | <input type="checkbox"/> Fire Instructor II |
| <input type="checkbox"/> Fire Officer I | <input type="checkbox"/> Fire Instructor III |
| <input type="checkbox"/> Fire Officer II | <input type="checkbox"/> Fire Investigator |
| <input type="checkbox"/> Fire Officer III | <input type="checkbox"/> Hazardous Materials Operations (Stand Alone) |

Have you ever been convicted of a felony? Yes No

If yes, please describe the nature of all previous felony convictions (attach separate sheets, if needed):

I attest all information provided in this application is truthful at the date of signing.

Signature: _____ Date: _____

I attest the individual named above is the original signatory.

Witness Signature: _____ Date: _____
(Training Coordinator)

Questions may be directed to the appropriate Region Coordinator:

Dan Hammerberg
Region 1 Coordinator
Phone: (906) 399-4399
Email: HammerbergD@michigan.gov

Aileen Pettinger
Region 2 Coordinator
Phone: (313) 573-7176
Email: PettingerA1@michigan.gov