



## INSTRUCTOR II 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](mailto:LARA-BFS-SMOKE@MICHIGAN.GOV)

<b>Applicant Name:</b>	<b>SMOKE PIN:</b>
<b>Email Address:</b>	
<b>Department Name:</b>	

<b>Instructor II</b>	<b>Yes</b>	<b>No</b>
Are you a member or have been a member of an organized Michigan fire/public safety department for five (5) or more years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you Firefighter II certified (or old 240 hour program)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Michigan Certified Fire Instructor I (possess O54A or O54B certificate)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you successfully completed the Fire Instructor II Course or Fire Instructor II Course Reciprocity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have at least 40 hours of documented and verifiable instructional hours? (Do not submit proof, retain for audit purposes.)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe the nature of all previous felony convictions (attach separate sheets, if needed):  _____		

### Attestation

*I certify that I will comply with the policies and procedures governing fire training set forth by the Michigan Fire Fighters Training Council and the Bureau of Fire Services Fire Fighter Training Division as outlined in the Instructor Guide and Administrative Manual and Instructor II course objectives.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ confirm that the above applicant is a  
*Fire Chief or Public Safety Director (printed)*

member in good standing with this organization.

\_\_\_\_\_  
Fire Chief or Public Safety Director Signature

\_\_\_\_\_  
Date

Please retain a copy of your application for your records. Email this application along with copies of qualifying certificates and supporting documents to: [LARA-BFS-SMOKE@michigan.gov](mailto:LARA-BFS-SMOKE@michigan.gov).

Questions may be directed to:

Dan Hammerberg  
**Region 1 Coordinator**  
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[hammerbergd@michigan.gov](mailto:hammerbergd@michigan.gov)

Aileen Pettinger  
**Region 2 Coordinator**  
Phone: (313) 573-7176  
[pettingera1@michigan.gov](mailto:pettingera1@michigan.gov)