



COUNTY TRAINING COMMITTEE DATA FORM

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

Authority: 1966 PA 291	The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.		
County:		County Number:	
County Training Committee Chairperson:		Chairperson's SMOKE PIN:	
Email Address:			
Name of County Payee (Fiduciary):		Vendor Number (SIGMA):	Tax ID Number:
Address:		City:	Zip Code:
Day Time Telephone Number (Include Area Code)		Evening Telephone Number (Include Area Code)	
Meeting Schedule:	Monthly <input type="checkbox"/>	Bi-Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>
	Semi-Annually <input type="checkbox"/>	Other (Explain) <input type="checkbox"/>	

Committee Members: (If more rows are needed, please use page 2 of this form.)

Name	FDID Number	Representing*	Telephone Number (Include Area Code)

* Representing	A = Full Paid B = Part Paid	C = Non Paid D = County Chiefs Association	E = County Instructors Association F = Other (Explain)
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Chairperson's Signature _____ Date _____

Please email this form to: LARA-BFS-SMOKE@MICHIGAN.GOV

