REGIONAL TRAINING CENTER ADVISORY 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

☐ New Application ☐ Change of Chairman Information ☐ Add/Delete Member ☐ End RTC Status*

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.

RTC Name:	**County:**

Address:	**City:**	**Zip Code:**

Chairperson:	**Daytime Telephone Number** (Include Area Code)

Email Address:

Committee Members:

Add	Delete	Name	Telephone Number (Include Area Code)
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☐ *This form is being submitted to end the RTC Status of this institution. Date RTC Status ends:_____

_____ _____
Chairperson's Signature Date

Please email this form to your region coordinator:

Dan Hammerberg, **Region 1 Training Chief**
Phone: (906) 399-4399
HammerbergD@michigan.gov

Aileen Pettinger, **Region 2 Training Chief**
Phone: (313) 573-7176
PettingerA1@michigan.gov