CFI Program Attendance Roster

Department of Licensing & Regulatory Affairs
Bureau of Fire Services
PO Box 30700
Lansing, MI 48909
(517) 241-8847

Page _____ of _____

Number of Attendees _____

Instructor: Complete the information below. Submit the ***Original Copy*** of attendance roster to the address listed above within 10 business days of program conclusion. Instructor must sign each page of the attendance roster.

Program Title	
Program Approval Number	
Credit Hours	
Instructor Name	
Program Location & Date	

Printed Name – MUST BE LEGIBLE	Certified Fire Inspector (CFI) Number

Instructor's Signature _____ Date _____

Issued under the authority of P.A. 207 of 1941. Completion is voluntary; however failure to do so may result in denial of approval.

Program Title	
Program Approval Number	

Printed Name – MUST BE LEGIBLE	Certified Fire Inspector (CFI) Number

Instructor's Signature _____ Date _____