



MICHIGAN BUREAU OF FIRE SERVICES INSTRUCTOR APPLICATION

Applicant Name:	SMOKE ID #:	Department Name:

Probationary Associate Instructor	Yes	No
Are you a member or have been a member with the last 5 years of an organized Michigan fire department?		
Are you Firefighter II certified (or old 240 hour program)?		
Do you have 3 years fire suppression experience?		
Have you completed the FFTD 16 hour Educational Methodology Course?		
Have you completed the FFTD Instructor Orientation Course on or after 2009?		
Is your address, phone, and email up to date in the SMOKE system?		

Probationary Instructor I	Yes	No
Are you a member or have been a member with the last 5 years of an organized Michigan fire department?		
Are you Firefighter II certified (or old 240 hour program)?		
Do you have 3 years fire suppression experience?		
Have you completed the FFTD 40 hour Instructor I Course or possess the equivalency? (attach a copy of equivalency documentation if applicable)		
Have you completed the FFTD Instructor Orientation Course on or after 2009?		
Is your address, phone, and email up to date in the SMOKE system?		

I certify I will comply with the policies and procedures governing fire training set forth by the MFFTC and BFS FFTD as outlined in the Instructor Guide and Administrative Manual.

Applicant Signature

Date

Fire Chief Signature

Date

This application with attached documentation is to be sent to your respective Region Supervisor.

(THIS SECTION IS FOR STAFF USE ONLY)

Region Supervisor reviewed and recommends Fire Marshal approval: () Yes () No

If NOT recommended, please explain: _____

<p>Dan Hammerberg, Region 1 Supervisor 305 Ludington Street Escanaba, MI 49829 Phone: 906-399-4399 hammerbergd@michigan.gov</p>	<p>T.J. Richardson, Region 2 Supervisor 3101 Technology Blvd, Suite H Lansing, MI 48910 517-335-3496 richardsont14@michigan.gov</p>
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