Challenger Test Application Department of Licensing and Regulatory Affairs Bureau of Fire Services Office of Fire Fighter Training P.O. Box 30700, Lansing, MI 48909 517-241-8847

Authority: 1966 PA 291

The Office of Fire Fighter Training has developed FF I, FF II, and FF I & II Certification Examinations as required by Section 9, 1966 PA 291. These written and practical skills examinations are based on the training objectives of the National Fire Protection Association, 1001 - Standard for Fire Fighter Professional Qualifications.

Instructions - The applicant is to complete Sections I - III. The applicant's fire chief is to complete Section IV. Both the applicant and fire chief must sign and date the application before submitting to the Course Manager. If a fee is being charged, payment must be arranged with the Course Manager. The applicant must bring a valid operators license with photo -OR- picture ID and a certified copy of his/her birth certificate to participate in the examination.

Application Deadline - This application must be received by the Course Manager at least 8 weeks prior to the test to allow time for processing.

Americans With Disabilities Act - If you have a disability and may require some accommodation in taking this test, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available through this office. The ADA application must be received in the OFFT Lansing office at least 28 days PRIOR to the test.

I. Applicant Information

LAST NAME			FIRST NAME		N	MIDDLE INITIAL		
DATE OF BIRTH	AGE DRIVER'S LICE			PERSONAL INDENTIFICATION NUMBER*				
HOME ADDRESS				COUNTY OF RESIDEN	CE.			
HOME ADDIVESS				COUNT OF RESIDEN	0L			
CITY			STATE			ZIP CODE		
DAYTIME TELEPHONE NO. (Include Area Code) EVENING TELEPHONE NO. (Include Area C					EMERGENO (Include Are	ENCY CONTACT TELEPHONE NO. Area Code)		
Fire Department Membership								
DEPARTMENT NAME FDID NUMBER								
DEPARTMENT TELEPHONE NUMBER (Include Area Code) DATE EMPLOYED BY DEPARTMENT (MONTH/YEAR)								
. Examination Requested - Applic	ant must meet prer	requisites for examination re	quested (Please check C	NF)				
FF II Must be a fire do (Note: The testi) FF I & II Must be a fire do (Note: The testi)	epartment member ing law does not pe	rtment member an r, 18 years of age or older ermit equivalences in place and 18 years of age or old	and FF I Certified (At		older ation)			
V. To Be Completed By Fire Chief						Yes	No	
A. Is 18 years of age or older, a member of my fire department, and is covered by the department's workers' compensation and liability insurance.							-	
B. To the best of my knowledge is physically capable of participating in the training and certification examination.								
C. Possesses the knowledge an	d skills necessary	to participate in the certific	ation test.					
D. Will participate in the certifi positive pressure SCBA meet					Icluding			
. Signatures					I			
I understand that providing false information on this application will result in revocation of certification.								
Signature of Applicant Date			Signature of	Signature of Fire Chief or Designee			Date	
he Department of Labor & Economic Growth w ith reading, writing, hearing, etc., under the Am				onal origin, color, marital st	atus, disabili	ity or political belie	efs. If you need h	
arreading, writing, redailig, etc., tinder the Alli	_	This information is confidential. Di		ation is				

protected by the Federal Privacy Act.