

**Fire Officer I, II, and III Application**  
Michigan Department of Labor & Economic Growth  
Bureau of Fire Services  
Office of Fire Fighter Training  
P.O. Box 30700, Lansing, MI 48909  
Telephone: 517-241-8847 Fax: 517-335-4061

Authority: 1966 PA 291

**Instructions** - The applicant is to complete Sections I, V and the section(s) corresponding to the certification level(s) for which you are applying. Attach required documentation. The applicant's fire chief is to complete Section VI. **Both** the applicant and fire chief must sign and date the application before submitting to the Course Manager.

Mail or fax completed application and attachments to the address listed above.

**Applicant Information**

Check the level(s) for which you are applying:		Fire Officer I	Fire Officer II	Fire Officer III
LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS (No P.O. Boxes - UPS will not deliver)			COUNTY OF RESIDENCE	
CITY		STATE	ZIP CODE	SOCIAL SECURITY NUMBER*
DAYTIME TELEPHONE NUMBER (Include Area Code)	EVENING TELEPHONE NUMBER (Include Area Code)		DRIVER'S LICENSE NUMBER	
E-MAIL ADDRESS	FIRE DEPARTMENT / STATION NAME			FDID NUMBER

**II. Fire Officer I**

Attach certificate for FF I or previous phases I & II training Minimum 3 years of fire service experience required. List most recent experience first.			
Fire Department Name	FDID Number	From Month/Year	To Month/Year
Attach a copy of training certificate for each Fire Officer I course.			

**III. Fire Officer II**

Attach certificate for FF II or previous phases I, II, III, & IV (240 hrs.) training Attach a copy of training certificate for each Fire Officer II course	Attach a copy of Fire Officer I certificate
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**IV. Fire Officer III**

Attach a copy of Fire Officer II certificate	Attach a copy of training certificate for each Fire Officer III course
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**V. Certification and Signature**

I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my fire officer certification.	
APPLICANT'S SIGNATURE	DATE

**VI. Fire Chief / Agency Head or Designee**

To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.	
SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE	DATE
FIRE DEPARTMENT NAME	FDID NUMBER

The Department of Labor & Economic Growth 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.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.