

**County Training Committee Data Form**  
 Licensing and Regulatory Affairs  
 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

Mail or fax this form to your Region Supervisor.

COUNTY	COUNTY NUMBER	CHAIRPERSON'S Personal Identification Number*	
COUNTY TRAINING COMMITTEE CHAIRPERSON		E-MAIL ADDRESS	
ADDRESS		CITY	ZIP CODE
DAYTIME TELEPHONE NUMBER (Include Area Code)	EVENING TELEPHONE NUMBER (Include Area Code)	FAX NUMBER (Include Area Code)	
<b>Meeting Schedule</b>	Monthly      Bi-Monthly      Quarterly      Semi-Annually	Other (Explain) _____	

**Committee Members**

Name	FDID Number	Representing** (See Below)	Telephone Number (Include Area Code)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
<b>**Representing</b>	A = Full Paid B = Part Paid	C = Non Paid D = County Chiefs Association	E = County Instructors Association F = Other (Explain) _____
CHAIRPERSON'S SIGNATURE			DATE

**Mail or fax the completed form to your Region Supervisor**

<p><b>Dan Hammerberg</b>  <b>Region 1 Supervisor</b>                  Office of Fire Fighter Training                  305 Ludington St.                  Escanaba, MI 49829</p> <p>Telephone: 906-786-0760                  Fax: 906-233-9706                  email: hammerbergd@michigan.gov</p>	<p><b>Gary Crum</b>  <b>Region 2 Supervisor</b>                  Office of Fire Fighter Training                  2922 Fuller Ave., NE, Ste. 114                  Grand Rapids, MI 49505</p> <p>Telephone: 616-447-2689                  Fax: 616-447-2668                  email: crumg@michigan.gov</p>
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\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.