

Send completed application to:
Michigan Fire Inspectors Society
1234 Miles
Kalamazoo, MI 49001
(P) (269) 365-9666 (F) (269) 365-9666



Test Date: _____
Test Location: _____
Payment Rcvd: _____
Application Returned by: _____

NFPA CERTIFIED FIRE INSPECTOR I PROGRAM
ADMINISTRATED BY MICHIGAN FIRE INSPECTORS SOCIETY

PARTNERING AGENCY INFORMATION:

Agency Name	Michigan Fire Inspectors Society	Work Phone	(269) 365-9666
Agency Address	1234 Miles	Fax	(269) 365-9666
Address	Kalamazoo, MI 49001	E-mail	myersm@kalamazoocity.org
Program Adm. Name	Marty Myers		

APPLICANT INFORMATION: (TYPE OF PRINT ALL INFORMATION – INCOMPLETE APPLICATIONS WILL BE RETURNED)

Applicant Name _____ Work Phone _____

As name will be printed on Certificate

Business/Organization _____ Home Phone _____

Address _____ Fax _____

Residence Business

City/Town _____ E-mail _____

State and Zip Code _____

Social Sec. or ID No. _____

I have attained the minimum of a high school diploma or equivalent education.

The following fees are attached: **Please make check payable to: Michigan Fire Inspectors Society**

US \$285 Fee includes Certification Materials and *Written Examination*. (Fee does NOT include reference material)

Total Amount Enclosed \$ _____

I, _____, certify that all information contained in this application, is accurate and truthful, to the best of my knowledge, and that I am aware that any false entry will be considered sufficient cause for revocation of my certification at any time during the certification term. I agree that at any time during the term of certification any improper conduct on my behalf will result in a board hearing to determine if my certification should be revoked. I agree to accept the decision of the NFPA as to my eligibility for certification. I authorize verification of all information in this application. I also release all concerned from any liability arising from this application or certification.

Signature: _____ Date: _____