

Challenger Test Application
Michigan Department of Labor & Economic Growth
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		MIDDLE INITIAL
DATE OF BIRTH	AGE	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER*	
HOME ADDRESS			COUNTY OF RESIDENCE	
CITY		STATE	ZIP CODE	
DAYTIME TELEPHONE NO. (Include Area Code)	EVENING TELEPHONE NO. (Include Area Code)	NAME OF EMERGENCY CONTACT	EMERGENCY CONTACT TELEPHONE NO. (Include Area Code)	

II. Fire Department Membership

DEPARTMENT NAME	FDID NUMBER
DEPARTMENT TELEPHONE NUMBER (Include Area Code)	DATE EMPLOYED BY DEPARTMENT (MONTH/YEAR)

III. Examination Requested - Applicant must meet prerequisites for examination requested (Please check ONE)

FF I	Must be a fire department member and 18 years of age or older
FF II	Must be a fire department member, 18 years of age or older, and FF I Certified (<i>Attach Copy of Certification</i>) (<i>Note: The testing law does not permit equivalences in place of FF I Certification</i>)
FF I & II	Must be a fire department member and 18 years of age or older

IV. To Be Completed By Fire Chief

The fire fighter identified in section I above: (<i>Check Yes or No for each statement</i>)	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 certification examination.		
C. Possesses the knowledge and skills necessary to participate in the certification test.		
D. Will participate in the certification test using personal protective clothing and personal protective equipment including positive pressure SCBA meeting the MIOSHA General Industry Safety Standard Part 74 Fire Fighting.		

V. Signatures

I understand that providing false information on this application will result in revocation of certification. _____ Signature of Applicant	I understand that any injury incurred by the applicant during the certification test is the responsibility of the fire department. _____ Signature of Fire Chief or Designee
Date	Date

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.