

**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 PLAN EXAMINER 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: _____