

FIRE ALARM SYSTEMS INSPECTOR CERTIFICATION APPLICATION Please type or print application. Answer all questions on this application.

A <u>non-refundable</u> application fee shall be submitted payable to Kentucky State Treasurer. Picture

Applicant	Employer/Business	1 ioture
Name:	Name:	
Address:	Street Address:	
City:County	P.O. Box No	Zip:
State:Zip:	City:	
Phone: ()	_ State: 2	Zip:
Social Security No.:		
Date of Birth:///	Federal I.D. #:	
Month Day Year	E-Mail Address:	
() Send Mail to Home Address Height Weight	() Send Mail to Busine	Attach a current passport-sized color photograph here.
Enclose non-refundable application fee of \$50 CHECK OR MONEY ORDER PAYABLE ' <u>KENTUCKY STATE TREASURER</u> DO NOT SEND CASH	то:	
THIS APPLICATION WILL NOT BE PRO	CESSED UNLESS THE KHEAA	STATEMENT IS

INITIALED IN BOTH PLACES, SIGNED, AND DATED.

(Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Association Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Fire Alarm Systems Certification at this time.

_ (Initial) I confirm that all information contained on this application and submitted with this application is current and true to the best of my knowledge.

DECEPTIVE OR MISLEADING STATEMENTS BY THE APPLICANT HEREIN INVALIDATES THIS APPLICATION AND SHALL BE GROUNDS TO SUSPEND OR **REVOKE A CERTIFICATE, IF ISSUED.**

SIGNATURE: _____

DATE:



PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY:

Applicant shall have had, within the five (5) years immediately preceding the date of the filing of this application, not less than one and one-half $(1 \frac{1}{2})$ years experience in the installation, repair or testing in the particular classification for which the application is made. Please note all related schooling or experience that you believe related to that classification.

	-		
EMPLOYER (If self-employed, so state) NAME	DESCRIBE IN DETAIL WORK PERFORMED	FROM MO./YEAR	TO MO./YEAR
ADDRESS			
NAME			
ADDRESS			
NAME			
ADDRESS			

EXPERIENCE RECORD OF APPLICANT (List most recent experience first)

IF NECESSARY, USE THE BACK OF THIS PAGE OR ATTACH ADDITIONAL PAGES LISTING PERTINENT EMPLOYMENT INFORMATION.

For Office Use Only	Application:	Denied	Application:	Approved	
Application Approved or Denie	ed by:		 _ Date	<u> </u>	

FPS 33-01 Amended 10/12