

Public Protection

Department of Housing, Buildings and Construction
Division of Fire Prevention
Fire Protection Systems
101 Sea Hero Road Suite 100
Frankfort, Kentucky 40601-5412
Phone 502-573-0385
Fax 502-573-1004

Renewal Application for Sprinkler Systems Certification

SSR#	Picture		
Applicant	Employer/Business		
Name:	Name:		
Address:	Street Address:		
City:County	P.O. Box NoZip:		
State:Zip:	City: County:		
Phone: ()	State: Zip:		
E-Mail Address:	Phone: ()		
Date of Birth:/	Company Federal I.D #:		
Month Day Year			
() Send Mail to Home Address	() Send Mail to Business Address		
1. Submit six (6) hours continued education for water-ba	used systems; OR		
2. Submit current NICET Level II or higher certification	•		
3. Affidavit is to be completed on company letterhead, si			
4. If not employed by active KY sprinkler contractor, sul	bmit certificate of liability insurance. Errors and omissions must be cate of Liability Insurance. Inspector's name and address must be		
5. Send a clear, passport quality color photo			
6. Enclose fee in the amount of \$50.00			
7. Make check or money order payable to: Kentucky S	tate Treasurer		
			
THIS SECTION MUST BE INITIALEI	<u>):</u>		
(Initial) I am not in default of any stude	ent loans backed by the KHEAA (Kentucky Higher Education		
	in default of any student loans backed by the KHEAA, I cannot		
1000110 a remarky 1 no main bystems of 1 ne by	Time of Systems Continuation at this time.		



Date:

The information on this application is accurate and true to the best of my knowledge. Deceptive or misleading statements by the applicant shall be grounds for denial or shall be grounds to revoke or suspend a certification if

issued.

SIGNATURE: