



PUBLIC PROTECTION CABINET
 DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
 DIVISION OF BUILDING CODES ENFORCEMENT
 101 SEA HERO ROAD, SUITE 100
 FRANKFORT, KENTUCKY 40601-5412
 Tel: 502-573-0373 Fax: 502-573-1059



KENTUCKY CERTIFIED BUILDING INSPECTOR PROGRAM CONTINUING EDUCATION VERIFICATION FORM

**Must be completed by certified inspector requesting credit for continuing education purposes. PLEASE
 TYPE OR PRINT WHERE APPLICABLE.**

A. Office Designated: _____ B. ICC Training: _____ C. Other Approved Training*: _____
 *Must be approved in advance by DHBC

Inspector Name: _____

Training Sponsor: _____

Training Title: _____

Training Date(s): _____ Hours or Equivalent (CEU's): _____

CHECK ONE: Sponsor Representative: _____ Instructor: _____

This form shall be signed at time of training by either the sponsor's authorized representative or the instructor. A copy of the issued training certificate, when submitted with this form, will be accepted in lieu of the required signature.

NAME: _____ DATE: _____

SIGNATURE: _____

Return completed form and any attachments with your annual renewal application. Forms submitted prior to renewal may be returned.

 FOR DHBC USE ONLY

