



**Public Protection Cabinet
 Department of Housing, Buildings and Construction
 Electrical Division
 101 Sea Hero Road, Suite 100
 Frankfort, Kentucky 40601-5412**



APPLICATION FOR ELECTRICAL TRAINING PROGRAM

FOR OFFICE USE ONLY

Date Received:	Reviewed By:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Notes:	

APPLICANT INFORMATION

Name of School:		Daytime Telephone Number:	
Street Address:		City:	State
		Zip Code:	
Program Representative:	Rep's Daytime Telephone Number:	E-Mail Address:	

LIST OF COURSE INSTRUCTORS
 Please include a curriculum vitae for each instructor listed below.

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

SUBMIT THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

- 1.) **Curriculum and Course Materials to Be Used:** Please provide a copy of the curriculum and course materials to be used for each class offered as part of your electrical training program. If course materials include materials prepared by course instructors, please provide a representative example of those materials.
- 2.) **Course Work Schedules:** Please provide examples of typical course work schedules for those attending your electrical training program (including the credit hours earned for each course).
- 3.) **Locations of Courses to Be Offered:** Identify the locations of each course offered for your electrical training program. If all courses are conducted at a single location, there is no need to list each course individually. Include photographs of the typical classroom and labs, if available.



4.) Availability of Courses to the General Public: State which, if any, courses included in your electrical training program is open and available to the public without enrollment in the program.

5.) Fees to Be Charged for Courses: Provide documentation verifying the fee schedule for courses offered. State whether fees are charged by the course credit hour, by the course, or by the semester or term.

6.) Attendance Verification Procedures: Please provide a copy of your attendance policy and procedure for verifying attendance applicable to your electrical training program.

APPLICATION AFFIRMATION

I hereby swear and affirm, under the penalties of perjury that the statements made on this application are true, complete and correct to the best of my knowledge.

Signature of Authorized Electrical Training
Program Representative:

Date Signed:

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct any person, firm, officer, corporation, association, organization, or institution to release to the Kentucky Department of Housing, Buildings and Construction, any files, documents, records, or other information pertaining to the named individual or organization requested by the department or any of their authorized representatives, in connection with processing this application for approval of an organization to provide Electrical Training Program Courses.

I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Kentucky Department of Housing, Buildings and Construction to disclose to the aforementioned organizations, persons, and institutions, any information, which is material to this application, and I hereby specifically release the Department or its representative, from any and all liability in connection with such disclosures.

I also agree to periodic monitoring of our programs at the discretion of the Kentucky Department of Housing, Buildings and Construction.

I also acknowledge and understand that any information provided in this application that is found to be fraudulent, will result in the denial of electrical training program certification.

A photo graphic copy of this authorization for release of information has the same force and effect as the original.

AFFIRMATION

I hereby swear and affirm that I have read the above statements and agree to the same.

Signature of Authorized Electrical Training
Program Representative:

Date Signed:

