



COMMONWEALTH OF KENTUCKY
Public Protection Cabinet
Department of Housing, Buildings and Construction
DIVISION OF PLUMBING
Boiler Inspection Section
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5412
(502) 573-1708 Fax (502) 573-1058



INDEPENDENT INSPECTION AGENCY RENEWAL APPLICATION

Please type or print application. Answer all questions on this application.

A nonrefundable renewal fee of \$500 payable to Kentucky State Treasurer shall be submitted with this application.

1. **Name of Agency:** _____ **License #:** _____

Address: _____
 (Street, Route or Box Number)

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Name of Primary Contact: _____ **Title:** _____

E-Mail Address: _____ **Telephone:** (_____) _____ - _____

2. **List each owner's piping inspector employed by the applicant agency:**

| <u>Name</u> | <u>License #</u> |
|-------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

****(This list shall be updated and provided to the Boiler Inspection Section within thirty (30) days of a change)****

Applicant's Signature: _____ **Date:** _____

| | |
|----------------------------|-------|
| For Office Use Only | |
| Date Received | _____ |
| Date Approved | _____ |
| Check/Pmt # | _____ |
| Date Issued | _____ |
| Pending | _____ |
| License # (if applicable) | _____ |

The applicant, by _____, being duly sworn, declares that the foregoing statements are true to the best of his/her knowledge and belief, and that he/she has personally signed this application.

Subscribed and sworn to before me on this the _____ day of _____, 20__.

Notary Public _____ My Commission expires: _____

