SSR# \_\_\_\_\_

**Applicant** 



## **Public Protection**

Department of Housing, Buildings and Construction Attn: Fire Protection Systems 101 Sea Hero Road Suite 100 Frankfort, Kentucky 40601-5405 Phone 502-573-0385 Fax 502-573-1598

**Picture** 

Renewal Application for Sprinkler Systems Certification

Employer/Business

N.			
Name:	Name: Street Address: P.O. Box No. Zin:		
Address:			
City:County			
State: Zip:	P.O. Box NoZip:City:		
Phone: ()	State: Zip:		
Social Security No.:	Phone: ()		
Date of Birth://	Federal I.D. #:		
Month Day Year	Inspector's E-Mail Address:		
( ) Send Mail to Home Address	( ) Send Mail to Business Address		
Certificate of Liability Insurance 5. Send a clear, color photo (suitable for a passport) 6. Enclose fee in the amount of \$50.00 7. Make check or money order payable to: Kentucky	omissions must be included with liability insurance and stated on  State Treasurer		
THIS SECTION MUST BE INITIALE	<u>D:</u>		
(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 or Fire Sprinkler Systems Certification at this time.			
The information on this application is accurate a statements by the applicant shall be grounds for issued.	and true to the best of my knowledge. Deceptive or misleading denial or shall be grounds to revoke or suspend a certification if		
SIGNATURE:	Date:		

