COMMONWEALTH OF KENTUCKY
Public Protection Cabinet
Department of Housing, Buildings and Construction
Licensing Branch
500 Mero Street
Frankfort, Kentucky 40601
Telephone: 502-573-2002   Fax: 502-573-1598

FIRE ALARM SYSTEMS INSPECTOR CERTIFICATION APPLICATION
Please type or print application. Answer all questions on this application.
A non-refundable application fee shall be submitted payable to Kentucky State Treasurer

Applicant   Employer/Business

Name: _____   Name: _____
Address: _____   Street Address: _____

_____   _____
City: _____County_____   P.O. Box No. _____Zip: _____
State: _____Zip: _____   City: _____County: _____
Phone: (_)_____   State: _____ Zip: _____
Social Security No.: _____   Phone: (_) _____
Date of Birth: _____/_____/_____   Federal I.D. #: _____

             Month   Day   Year   E-Mail Address: _____

(   ) Send Mail to Home Address   (   ) Send Mail to Business Address

         Height _____   Weight _____   Color of Eyes _____

                                                                                         Attach a current
                                                                                         passport-sized color
                                                                                         photograph here.

        Enclose non-refundable application fee of $50
        CHECK OR MONEY ORDER PAYABLE TO:
        KENTUCKY STATE TREASURER
        DO NOT SEND CASH

DECEPTIVE OR MISLEADING STATEMENTS BY THE APPLICANT HEREIN INVALIDATES THIS APPLICATION AND SHALL BE GROUNDS TO SUSPEND OR REVOKE A CERTIFICATE, IF ISSUED.

SIGNATURE: _____   DATE: _____

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY:

Applicant shall have had, within the five (5) years immediately preceding the date of the filing of this application, not less than one and one-half (1 ½) years experience in the installation, repair or testing in the particular classification for which the application is made. Please note all related schooling or experience that you believe related to that classification.

<div align="center">

EXPERIENCE RECORD OF APPLICANT
(List most recent experience first)

</div>

EMPLOYER (If self-employed, so state)	DESCRIBE IN DETAIL WORK PERFORMED	FROM MO./YEAR TO MO./YEAR
NAME _____ _____ ADDRESS _____ _____		
NAME _____ _____ ADDRESS _____ _____		
NAME _____ _____ ADDRESS _____ _____		

 IF NECESSARY,USE THE BACK OF THIS PAGE OR ATTACH ADDITIONAL PAGES LISTING PERTINENT EMPLOYMENT INFORMATION.

For Office Use Only	Application: Denied ☐	Application: Approved ☐
Application Approved or Denied by:_____		**Date**_____