

**PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
LICENSING BRANCH
500 MERO STREET
FRANKFORT, KENTUCKY 40601-5412
(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

Name: _____
Address: _____

City: _____ County: _____
State: _____ Zip: _____
Phone: () _____
Social Security No.: _____
Date of Birth: _____/_____/_____

Month Day Year

() Send Mail to Home Address

Height _____ Weight _____ Color of Eyes _____

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

Employer/Business

Name: _____
Street Address: _____

P.O. Box No. _____ Zip: _____
City: _____ County: _____
State: _____ Zip: _____
Phone: () _____
Federal I.D. #: _____

E-Mail Address: _____

() Send Mail to Business Address

**Attach a current
passport-sized color
photograph here.**

**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.

EXPERIENCE RECORD OF APPLICANT
(List most recent experience first)

EMPLOYER (If self-employed, so state) NAME _____ ADDRESS _____	DESCRIBE IN DETAIL WORK PERFORMED	FROM TO MO./YEAR MO./YEAR
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 <input type="checkbox"/>	Application: Approved <input type="checkbox"/>
Application Approved or Denied by: _____		Date _____