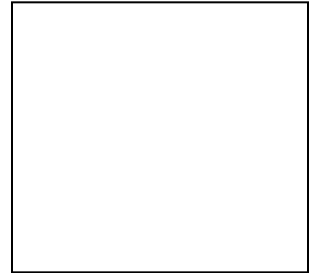




Public Protection Cabinet  
 Department of Housing, Buildings and Construction  
 Division of Fire Prevention  
 Fire Protection Systems  
 500 Mero Street, First Floor Frankfort, Kentucky  
 40601-1987  
 Phone 502-573-0385 Fax 502-573-1004



Initial Sprinkler Systems Inspector Certification Application

Picture

Applicant

Employer/Business

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ County \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 P.O. Box No. \_\_\_\_\_ Zip: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 Company Federal I. D. #: \_\_\_\_\_

( ) Mail to Home Address

( ) Mail to Business Address

**Submit the following:**

1. Pass test letter from Pearson Vue; OR
2. Current NICET Level II or higher certification testing and inspection of water-based systems
3. Affidavit is to be completed on company letterhead, signed by employer and notarized
4. If not employed by active KY sprinkler contractor, submit certificate of liability insurance. Errors and omissions must be included with liability insurance and stated on Certificate of Liability Insurance. Inspector's name and address must be listed on Certificate of Liability Insurance
5. Send a clear passport quality color photo
5. Enclose prorated fee (fee schedule may be found at [www.dhbc@ky.gov](http://www.dhbc@ky.gov), Fire Protection Systems)
6. Make check or money order payable to: **Kentucky State Treasurer**

**THIS SECTION MUST BE INITIALED, SIGNED AND DATED:**

\_\_\_\_\_ (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 and true to the best of my knowledge. Deceptive or misleading statements by the applicant shall be grounds for denial or shall be grounds to revoke or suspend a certification if issued.

SIGNATURE:

Date:



**READ 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 any related schooling or experience that you feel is related to that classification.

**EXPERIENCE RECORD OF APPLICANT**  
(List most recent experience first)

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

(If necessary, use the back of this page.)