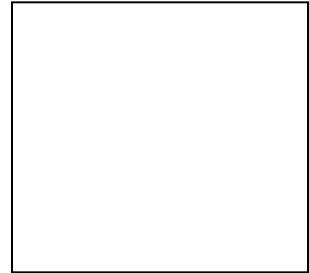




Public Protection Cabinet
 Department of Housing, Buildings and Construction
 Licensing Branch
 500 Mero Street, 1st Floor
 Frankfort, Kentucky 40601-5412
 Phone 502-573-2002
 Fax 502-573-1598



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, Fire Protection Systems)
6. Make check or money order payable to: **Kentucky State Treasurer**



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)

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

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