



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 RENEWAL 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: _____ State: _____ Zip: _____
 County _____ Phone: (____) _____
 Date of Birth: _____/_____/_____
 E-Mail Address: _____

Employer/Business

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 County _____ Phone: (____) _____
 Federal I.D. #: _____

Send mail to () home address or () business address.

Provide proof of:

- () Certification of attending six (6) hours continuing education;
- OR**
- () Current NICET certification.



_____ Enclose a non-refundable renewal fee of \$50. **MAKE CHECK OR MONEY ORDER PAYABLE TO KENTUCKY STATE TREASURER. DO NOT SEND CASH.**

THIS APPLICATION WILL NOT BE PROCESSED UNLESS THE KHEAA STATEMENT IS INITIALED IN BOTH PLACES, 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 Certification at this time.

_____ (Initial) I confirm that all information contained on this application and submitted with this application is current and true to the best of my knowledge.

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: _____

