FPS 33-02
Orig. 04/06

Environmental and Public Protection Cabinet
Office of Housing, Buildings and Construction
Office of Fire Prevention
101 Sea Hero Road Suite 100
Frankfort, Kentucky 40601-5405
Phone 502-573-0385
Fax 502-573-1598

Renewal Application for Fire Alarm Systems Certification

FAR# _____

Applicant

Name: _____
Address: _____
_____
City: _____County_____
State: _____Zip: _____
Phone: (____)_____
Social Security No.: _____
Date Of Birth: _____/_____/_____
Month Day Year

Employer/Business

Name: _____
Street Address: _____
_____
P.O. Box No. _____Zip: _____
City: _____County: _____
State: _____ Zip: _____
Phone: (_____) _____
Federal I.D. #: _____
E-Mail Address: _____

Height _____; Weight _____; Color of Eyes _____

( ) Send Mail to Home Address

( ) Send Mail to Business Address

Enclose Passport Size Color Photograph For Identification Card Use.

Enclose a Check or Money Order Made Payable to A**Kentucky State Treasurer**≅. **Send No Cash**! Renewal Fee Is: Fifty Dollars **($50.00)** For Each Classification.

****NOTE****

_____ (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 and submitted with this application is current and true to the best of my knowledge.

**This application will not be accepted without the required signatures and initials.

Deceptive or misleading statements by the applicant shall be grounds for denial or shall be grounds to revoke or suspend a certification if issued.

Picture Size

SIGNATURE: _____ Date: _____