



## KENTUCKY FIRE SERVICE INSTRUCTOR CERTIFICATION RENEWAL APPLICATION

(Please print clearly or type)

NAME: \_\_\_\_\_

(FIRST)

(MI)

(LAST)

FIREFIGHTER #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

KENTUCKY FIRE SERVICE INSTRUCTOR NUMBER: FIN# \_\_\_\_\_

FIRE DEPARTMENT NAME: \_\_\_\_\_ FIRE DEPARTMENT #: \_\_\_\_\_

FIRE CHIEF NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

I do hereby verify that the above named applicant is a member of the Fire Department/Agency listed above.

### REQUIREMENTS FOR CERTIFICATION RENEWAL

1. Active member of a Kentucky Fire Department.
2. Completion of 20 hours of training four (4) of which must have been instructional methodology
3. Completion of 20 hours of instruction
4. Minimum of assisting with the instruction of one (1) Fire Service Instructor Course. **(Level 3 Only)**

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

### INSTRUCTOR LEVEL OF RENEWAL

| LEVEL 1   | LEVEL 2 | LEVEL 3 |  |
|---|---------|---------|--|
| Place an "X" in the box indicating the level of desired renewal |         |         |  |

### FOR OFFICE USE ONLY

|                                       |          |                          |
|---------------------------------------|----------|--------------------------|
| Student Training Hours                |          |                          |
| Student Methodology Hours             |          |                          |
| Instructor Hours                      |          |                          |
| Renewal Status                        | Approved | Not Approved             |
| <b>Fire Commission Approval Date:</b> |          | Comments If Not Approved |
| Printed Name:                         |          |                          |
| Signature:                            |          |                          |