KENTUCKY

FIRE COMMISSION
STATE FIRE RESCUE TRAINING

FIRE DEPARTMENT APPLICATION
(PLEASE PRINT)

CHECK ONE:	**SYSTEM OFFICE USE ONLY**
Change Data on Existing Department	
	Fire Department #: _____
Fire Chief Change	
Address and/or Phone Number Change	County: _____

Fire Department Name: _____

Street Address: _____

City: _____ **Zip:** _____

Mailing Address: _____

City: _____ **Zip:** _____

Fire Department E-mail Address: _____

Telephone #: (_____) _____-_____ Fax (_____) _____-_____

Send Correspondence To: _____

Federal Identification Number: _____

DEPARTMENT STATUS: (Check One)

Active   Inactive   Status Date: _____

Fire Chief Name: _____

| Last | First | MI |

Chief's Email _____ **FFN:** _____

Street Address _____

City: _____ **State** _____ **Zip Code** _____

Telephone #: (_____) _____-_____ (where Chief can be reached from 8:00am-4:30pm)

Effective Date: _____/ _____/ _____

_____
AUTHORIZED SIGNATURE   DATE