Kentucky Fire Commission Out of State Transfer Form

Use this form to indicate the number of classroom and skill hours credited to the firefighter by your agency.

Firefighter Name: _____ **Date:**_____

Kentucky Firefighter Number: _____

Kentucky Course Code	Training Category	Class / Skill Hours Taken
A	Administration & Organization	
B	Safety	
C	Communications	
CC	Drivers Training	
D	Fire Behavior	
E	Extinguishers	
F	Personal Protective Equipment	
G	Forcible Entry	
H	Ventilation	
I	Ropes – Basic	
J	Ladders	
K	Hose, Nozzles, Appliances	
L	Foam	
M	Fire Control	
N	Loss Control (Salvage/Overhaul)	
O	Victim Search & Rescue	
P0001	CPR/AED	
P0021	First Aid	
Q0001	Vehicle Extrication	
R0000	Water Supply	
S0000	Fire Protection Systems (Alarms & Sprinklers)	
T0001	Hazardous Materials Awareness	
T0002	Hazardous Materials Operations	
U0000	Fire Prevention-Public Education	
V0000	Building Construction	
W0000	Aircraft	
X0000	Emergency/Disaster Planning	
Y0000	Cause & Origin/Fire Investigation	
Z0000	Pump Operations	
	Electives + ICS	
Other	Other fire related training	
FF0001	ICS100 (online allowable)	
FF0002	ICS200 (online allowable)	
FF0003	ICS300 (online allowable)	
FF0004	ICS400 (online allowable)	
FF0007	ICS700 (online allowable)	
FF0008	ICS800 (online allowable)	

Please list curriculum and edition used for training. ***Do not include online training for Class / Skill hours***

Curriculum used for training	Edition

Additional Comments:

Issuing Agency / Department: _____

Person completing the form: _____

Title / Rank: _____

Signature: _____

ATTACH APPLICABLE CERTIFICATES AND TRANSCRIPTS / Return form or direct questions to firetransfer@kctcs.edu