Mail form(s) to:
110 Cleveland Dr
Paris, KY 40361

11/2020

KENTUCKY
FIRE COMMISSION
STATE FIRE RESCUE TRAINING

FIRE DEPARTMENT APPLICATION

(PLEASE PRINT)

CHECK ONE:

- ☐ Change Data on Existing Department
- ☐ Fire Chief Change
- ☐ Address and/or Phone Number Change

SYSTEM OFFICE USE ONLY

Fire Department #: _____

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