E-Mail form(s) to:
kyfires@kctcs.edu

8/2026

KyFIRES USER IDENTIFICATION APPLICATION

PLEASE PRINT CLEARLY OR TYPE

Fire Department Name:	**Fire Department Number:**
Street Address:	**County:**
City:	**State:** **Zip Code:**
Fire Chief Name: **Phone Number:** (Where chief can be reached for verification)	**Fire Department Phone Number:** **E-Mail Address:** (If Applicable)

The Fire Commission will issue up to four (4) User ID's for four (4) people to input training hours into the system. It will be the responsibility of the Fire Department to notify this office immediately upon one of the users leaving the department.

List of individual(s) who will need access to input personnel and training records added or removed (include any additional on a separate User ID application):

Name: **Date of Birth:** **Firefighter Number:** **E-mail Address:** **Circle One: Add Access Remove Access**	**Name:** **Date of Birth:** **Firefighter Number:** **E-mail Address:** **Circle One: Add Access Remove Access**

Access to KyFIRES is granted at the discretion of the Kentucky Fire Commission and is intended solely for official business. The Kentucky Fire Commission reserves the right to modify, suspend, or revoke access privileges at any time, with or without prior notice, as deemed necessary. By signing this form, the Fire Chief or authorized representative certifies that the individuals listed above are authorized to receive administrative access to the KyFIRES system. The Chief/ Department agrees to notify the Kentucky Fire Commission promptly if an authorized user no longer requires access or should have access revoked.

Authorizing Signature of Fire Chief	Date