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

12/2020

KENTUCKY
FIRE COMMISSION
STATE FIRE RESCUE TRAINING

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. Once you have your User ID and Password you will have access to the training website.

YOUR PASSWORD WILL NEVER CHANGE

List of name(s) of individual(s) who will be updating training records.

1. **Name:** **Date of Birth:** **Firefighter Number:** **E-mail Address:**	2. **Name:** **Date of Birth:** **Firefighter Number:** **E-mail Address:**
3. **Name:** **Date of Birth:** **Firefighter Number:** **E-mail Address:**	4. **Name:** **Date of Birth:** **Firefighter Number:** **E-mail Address:**

Authorizing Signature of Fire Chief

Date