



**KENTUCKY FIRE COMMISSION
STATE FIRE RESCUE TRAINING**

NEW MEMBER NOTIFICATION

PLEASE PRINT CLEARLY OR TYPE

Fire Department Name:	Fire Department Number:
Applicant Name (First, Middle, Last):	Address:
City:	State: Zip Code:
Applicant Phone Number:	Applicant Drivers License Number: State of Issue:
Applicant E-mail Address:	Date of Hire: Career: <input type="checkbox"/> Volunteer: <input type="checkbox"/>
E-Mail completed form(s) to: kyfires@kctcs.edu	Fire Commission Office Use Only: Date Application Received: _____ Entered on Spreadsheet: _____