

APPLICATION

TO DELIVER FIRE COMMISSION TRAINING PROGRAM IN-HOUSE AT FIRE DEPARTMENT

Department Name:		FDID)#:	County #:	
Fire Chief Name:	Daytime Phone #:				
Program to be delivered	check only one, separate appli	cation required for ea	ach program)		
FF Survival*	☐FF Rescue*Wildland FF Awareness**				
☐ Other (Specify):					
Statement of Request:					
on Fire Protection Personnel following individuals be approthe fire commission under the	Standards and Education wed to deliver instruction in auspices of and for our a f this department. Also	as a bonafide in the above mark gency. Below is attached to this	fire depart ed subject of a brief vita application	I by the Kentucky Commission ment, hereby request that the of fire suppression regulated by the of each instructor candidate, in, is documentation for each,	
Fire Chief Signature:	Date:				
Instructor Candidates:					
1. Name:		Firefighter (FFN) #:			
Rank:	Years Exper	ience:	_ Date Ce	ertified FF:	
Fire Instructor (FIN)#:	Date Certified Fire Instructor:				
Career Status (check only one):	Paid Full-Time	Paid Part-Ti	me	Volunteer Other	
2. Name:	Firefighter (FFN) #:				
Rank:	Years Experience: Date Certified FF:				
Fire Instructor (FIN)#:	#: Date Certified Fire Instructor:				
Career Status (check only one):	Status (check only one): Paid Full-Time Paid Part-Time Volunteer Other				
NOTE: You must submit doc	umentation on each insti	uctor candidate	in the for	m of certificates, affidavits,	

Copy this form for additional instructors

etc. for review in order for approval to be given. Proper credentialing shall be required for approval.

^{*}Instructors for this course must have completed an approved Train the Trainer of this course under a qualified instructor.

^{**}There is NO trainer course for this subject; candidates must have completed this specific course for credit under a qualified instructor.