



**KENTUCKY FIRE COMMISSION
 STATE FIRE RESCUE TRAINING**

**KENTUCKY FIRE SERVICE INSTRUCTOR CERTIFICATION
 RENEWAL APPLICATION**

(Please print clearly or type)

NAME: _____

(FIRST)

(MI)

(LAST)

FIREFIGHTER #: _____ **E-MAIL ADDRESS:** _____

KENTUCKY FIRE SERVICE INSTRUCTOR NUMBER: FIN# _____

FIRE DEPARTMENT NAME: _____ **FIRE DEPARTMENT #:** _____

FIRE CHIEF NAME: _____ **SIGNATURE:** _____

I do hereby verify that the above named applicant is a member of the Fire Department/Agency listed above.

REQUIREMENTS FOR CERTIFICATION RENEWAL

1. Active member of a Kentucky Fire Department.
2. Completion of 20 hours of training four (4) of which must have been instructional methodology
3. Completion of 20 hours of instruction
4. Minimum of assisting with the instruction of one (1) Fire Service Instructor Course. **(Level 3 Only)**

Email all documents to fireinstructor@kctcs.edu

SIGNATURE OF APPLICANT

DATE

INSTRUCTOR LEVEL OF RENEWAL

LEVEL 1		LEVEL 2		LEVEL 3	
Place an "X" in the box indicating the level of desired renewal					

FOR OFFICE USE ONLY

Student Training Hours					
Student Methodology Hours					
Instructor Hours					
Renewal Status	Approved		Not Approved		
Fire Commission Approval Date:			Comments If Not Approved		
Printed Name:					
Signature:					