



**COMMISSION OF FIRE PROTECTION,
PERSONNEL, STANDARD, & EDUCATION**

300 North Main Street
Versailles, KY 40383

kyfirecommission.kctcs.edu

Revised May 2010

USER IDENTIFICATION APPLICATION

PLEASE PRINT CLEARLY OR TYPE

FIRE DEPARTMENT NAME:	FIRE DEPARTMENT #
STREET ADDRESS:	COUNTY:
CITY:	STATE: ZIPCODE:
FIRE CHIEF NAME:	FIRE DEPARTMENT PHONE #:
PHONE #: (Where chief can be reached for verification)	EMAIL ADDRESS: (IF APPLICABLE)

The Fire Commission will issue up to two (2) User Id's for two (2) people to input Training Hours into the new 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 Website.

Your Password will never change!

LIST NAME(S) OF INDIVIDUAL(S) WHO WILL BE UPDATING TRAINING
PLEASE PRINT CLEARLY OR TYPE

1. NAME:	2. NAME:
SOCIAL SECURITY #: <input type="text"/> <input type="text"/>	SOCIAL SECURITY #: <input type="text"/> <input type="text"/>
FIREFIGHTER NUMBER:	FIREFIGHTER NUMBER:

AUTHORIZING SIGNATURE OF FIRE CHIEF

DATE