



Kentucky Community and Technical College System

**KENTUCKY FIRE COMMISSION**  
**STATE FIRE RESCUE TRAINING-AREA 9**

Duane A. Suttles, Area Coordinator  
Tammy Duncan, Office Coordinator



**APPLICATION FOR INSTRUCTOR TRAINING**  
**INSTRUCTOR LEVEL 1**

APPLICATION DATE: \_\_\_\_\_

COURSE TERM: **SPRING 2018**

LOCATION: **MOREHEAD**

CANDIDATE NAME: \_\_\_\_\_

KY FIREFIGHTER NUMBER: **FFN** \_\_\_\_\_

DEPT REPRESENTING: \_\_\_\_\_

POSITION IN DEPARTMENT: \_\_\_\_\_

BEST PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

- ARE YOU A MINIMUM 150 HR KENTUCKY CERTIFIED? \_\_\_\_\_
- HAVE YOU BEEN ACTIVE AS A KY CERTIFIED FIREFIGHTER FOR AT LEAST 2 YEARS? \_\_\_\_\_
- ARE YOU FF1 & 2 CERTIFIED? \_\_\_\_\_

FF 1 SEAL#: \_\_\_\_\_ FF 2 SEAL#: \_\_\_\_\_

- IF NO SEAL #, ARE YOU PROBOARD QUALIFIED? \_\_\_\_\_

(PROBOARD CERTIFICATIONS REQUIRE PROOF OF KENTUCKY RECIPROCITY APPROVAL)

**TESTAMENT:** I hereby affirm that the information submitted above is true and correct. Candidate signature: \_\_\_\_\_

**CHIEF APPROVAL:** I approve the above individual to represent our department as a student seeking Kentucky fire instructor credentialing.

Department Chief (or authorized) signature: \_\_\_\_\_



SFRT AREA 9 TRAINING CENTER, 99 LAKE PARK DRIVE, MOREHEAD, KENTUCKY 40351

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