

FIRE INVESTIGATOR CERTIFICATION

K.A.R. 22-19-2 et seq.

APPLICANT NAME _____

AGENCY NAME _____

Agency Address _____

Home Address _____

Agency Phone Number _____

Work Email address _____

- 1. I am applying for _____ Fire Investigator I _____ Fire Investigator II
- 2. I am employed full-time by a fire department or law enforcement agency? Yes ___ No ___
- 3. I have completed the required fire investigator and law enforcement courses within the last 5 years. Yes ___ No ___
- 4. I have completed the firearms training prescribed for law enforcement officer under K.S.A. 74-5602a et seq? Yes ___ No ___
- 5. Attach a copy of the certificate of completion for all training.
- 6. In order for our office to do a criminal history check, attach completed personal information form.

Recommendation of Agency Head

I, _____ Agency Head of the _____, do hereby recommend _____ for state certification as a fire investigator. To the best of my knowledge, the applicant has truthfully and completely answered the questions on this application.

Agency Head Signature

Signature of Applicant

I, _____ do hereby, make application for certification by the state fire marshal as a fire investigator. I certify that all statements made in this application are truthful and complete.

Applicant Signature

Subscribed and sworn before on this _____ day of _____ 20_____.

Notary Public Signature

State Fire Marshal's Office Approval Certification # _____

Application: Approved _____ Denied _____ Date _____

KSFM Approval Signature