## **OFFICE OF THE STATE FIRE MARSHAL FIRE INVESTIGATOR NEW CERTIFICATION**

OSFM Use Only					
Certification #					
Approve 🗌 Deny 🗌					
Date					
Expires					

Applicant Name							
Age	ency Name						
Age	ency Address						
Hor	ne Address						
Agency Phone Number							
Wo	rk Email address						
	TS ID Number						
DA							
1. I	am applying for: Fire In	vestigator I	Fire Investigator II _				
2. I	am employed full-time by a fire dep	artment or law enforcement	agency?	Yes	No		
3. F	Have you been convicted of a felony?			Yes	No		
4. H	Have you been convicted of a domestic violence crime?			Yes	No		
	I have completed the firearms training prescribed for law enforcement officers under K.S.A. 74-5602a et seq? Yes No				No		
	I have completed the required fire investigation and law enforcement training within the last 5 years according to K.A.R. 22-19-2 et seq? Yes No						
	I have attached a copy of the certificate of completion for all training.				No		
	I have attached a copy of the completed personal information form. Yes N						
Recommendation of Agency Head							
I,	Agency H	Head of the		, do [	hereby		
reco	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 Email Address Agency Head Signature   Signature of Applicant Agency Head Signature							

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

Doug Jorgensen, State Fire Marshal



phone: 785-296-3401 fax: 785-368-6559 https://firemarshal.ks.gov

Sam Brownback, Governor

## **Personal Information Form**

The Investigation division of the Office of the State Fire Marshal will be conducting a criminal history check at the time you apply for certification or re-certification. The Investigations Division has this authority as well as the capability to do such checks.

Please fill out the form below and mail this back with your application. If you have any questions, please call (785) 296-8984.

Name (Full Name):								
Male:	Female:	Date of Birth:						
Social Security Number: Race:								
Height:	Weight:	Eyes:	Hair:					
Scars, Marks, Tattoos:								
Other Names Used:								

## New applicants only:

Have your fingerprints been submitted to KBI within the last 6 months? Yes No (If not please send <u>two</u> sets of cards with your application. Our office will ensure they get to the correct personnel at the KBI.)