

OFFICE OF THE STATE FIRE MARSHAL FIRE INVESTIGATOR NEW CERTIFICATION

OSFM Use Only

Certification # _____

Approve Deny

Date _____

Expires _____

Applicant Name	_____
Agency Name	_____
Agency Address	_____ _____
Home Address	_____ _____ _____
Agency Phone Number	_____
Work Email address	_____
BATS ID Number	_____

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. Have you been convicted of a felony? Yes _____ No _____
4. Have you been convicted of a domestic violence crime? Yes _____ No _____
5. I have completed the firearms training prescribed for law enforcement officers under K.S.A. 74-5602a et seq? Yes _____ No _____
6. 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 _____
7. I have attached a copy of the certificate of completion for all training. Yes _____ No _____
8. I have attached a copy of the completed personal information form. Yes _____ No _____

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 Email Address

_____ 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

