

OFFICE OF THE STATE FIRE MARSHAL FIRE INVESTIGATOR CERTIFICATION RENEWAL

OSFM Use Only
Approve <input type="checkbox"/> Deny <input type="checkbox"/>
Date _____
Expires _____

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

1. I am applying for: Fire Investigator I _____ Fire Investigator II _____ Transfer _____
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 attached documentation to show I have worked or assisted with at least ten fires. 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 renewal 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
800 SW Jackson, Suite 104
Topeka, KS 66612-1216



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

Doug Jorgensen, State Fire Marshal

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? _____

(If not please send **two** sets of cards with your application. Our office will ensure they get to the correct personnel at the KBI.)