

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	_____	Home 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 _____
 - o K.S.A 31-157 states that only full-time personnel who are members of a paid fire department shall have law enforcement authority.
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 at least ten fires that I have entered into BATS, or have been listed as a member of the case. 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 within the jurisdiction of _____ . 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 within the jurisdiction of _____. 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 OF KANSAS



OFFICE OF THE STATE FIRE MARSHAL
800 S.W. JACKSON, SUITE 104
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FAX: (785) 296-0151
www.firemarshal.ks.gov

GOVERNOR JEFF COLYER, M.D.
DOUG JORGENSEN, STATE FIRE MARSHAL

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: _____

Driver's License 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. You may also submit them electronically through your local police department or sheriff's office. If you choose to do this please be sure to run them under criminal justice employment and change the ORI to the Fire Marshal's Office. If you need our agency's ORI please contact us.)