



STATE OF UTAH
APPLICATION FOR CERTIFICATION OF REGISTRATION
KITCHEN EXHAUST SYSTEM SERVICE



Administrative Rule: R-710.1

Application Date: _____

TYPE OF APPLICATION NEW RENEWAL EXHAUST SYSTEM EXAM 5 YEAR RETEST

Applicants Name: _____ KEE No: _____ Orig Date: _____

Home Address: _____ KE No: _____

City, State, Zip _____ Email Address: _____

Other Information: Telephone: () _____ - _____ Cell Number: () _____ - _____

Date of Birth: _____ Age: _____ Sex: _____

Color of Eyes: _____ Weight: _____ Height: _____ Color of Hair: _____

Business Information: _____

Address: _____ City, State, Zip: _____

BACKGROUND INFORMATION: R-710.1.7 SS Number _____

Have you ever been convicted of any crime? Yes No Drivers License Number: _____ State: _____

If "Yes", indicate the date, type and location of the offense, arresting agency, and court disposition and sentencing information:
(Be candid and list each on the back of this form.) Have you lived in another State within the last five years? Yes No

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SUBMITTING THIS APPLICATION:

By submitting this application I affirm that it contains no misrepresentation or falsification and the information is true and complete to the best of my knowledge and belief. I hereby understand and agree that a criminal history background check will be conducted on me and the information will only be used by the State Fire Marshal's Office to meet the requirements of Utah State Administrative Code, R710-7-7.2. I also understand and agree that failure to conduct business according to the adopted statutes and administrative rules of the State of Utah with regard to inspecting and cleaning kitchen exhaust systems will subject myself to the possibility of the loss of my license and/or certification and/or the possibility of criminal prosecution.

Signature: _____

Test Questions Answered Correctly

Administrative: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 Pass Unsuccessful

Technician Service: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
44 45 46 47 48 49 50 Pass Unsuccessful

5-Year Exam: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 Pass Unsuccessful

Original Date		Renew Date		Renew Date		Renew Date		Renew Date	
Amount Paid		Amt Paid		Amt Paid		Amt Paid		Amt Paid	
Receipt No		Receipt No		Receipt No		Receipt No		Receipt No	
Date Cert Sent		Cert Sent		Cert Sent		Cert Sent		Cert Sent	