

**COMMONWEALTH OF KENTUCKY FAC - DIVISION OF STATE RISK & INSURANCE SERVICES
XAAP (Sprinkler Inspection Report) User Log-on Credential Request Form**

USER PROFILE INFORMATION

Requestor's Name:

Request Date: _____

(mm/dd/yyyy)

Requestor's Email:

Please select the programs to which you need add or remove access

User Name:

Job Title:

Add XAAP:

Division:

Remove XAAP:

Phone Number:

Work Address:

City:

State:

All fields are required to process the form.

Zip Code:

Work Email:

List All Certificates To Which You Need Access

Certificate Number	Certificate Name

If you have any questions please contact StateRiskSprinklerProgram@ky.gov