

**FINANCE AND ADMINISTRATION CABINET  
Division of State Risk and Insurance Services  
Complimentary Training - Request Form**

**AGENCY:** \_\_\_\_\_ **CERTIFICATE #:** \_\_\_\_\_

**CABINET:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **City:** \_\_\_\_\_

**1. What types of training are you requesting: (Please select all that apply)**

- General Overview of the Fire and Tornado Fund** *(Includes Overview of reporting Forms)*
- Property Claims Process**
- General Overview of the Kentucky Self Insured Auto Program**
- Auto Claim Process**
- Kentucky Self Insured Auto Program** *(Invoices, Scheduling, and Audits)*
- Sprinkler Inspection Program**

**2. Number of attendees expected?**

**3. Preferred Dates: (Please provide at least four (4) dates and times)**

**1st Preferred Date and Time:** \_\_\_\_\_

**2nd Preferred Date and Time:** \_\_\_\_\_

**3rd Preferred Date and Time:** \_\_\_\_\_

**4th Preferred Date and Time:** \_\_\_\_\_

**4. Contact Person(s):**

**1st Name:**

**eMail:**

**Phone:**

**2nd Name:**

**eMail:**

**Phone:**

<b>* INTERNAL USE ONLY *</b>	
<b>Date Received:</b>	_____
<b>Date Scheduled:</b>	_____
<b>Time Assigned:</b>	_____
<b>Staff Assigned:</b>	_____

**Select EMAIL FORM button to send to: Ryan Barnard, Resource Management Analyst II**

or email: [ryan.barnard@ky.gov](mailto:ryan.barnard@ky.gov) / Mail: 500 Mero St., 1st Floor, Frankfort KY 40601