

## **Application for Kentucky Public Library Trustee Certification**

Kentucky Department for Libraries and Archives Kentucky Public Library Association

APPLYING FO	DR:Temp	orary Certific	ation Ini	itial Certification		
Complete Di Complete Re OR Complete the Keep copies Enclose the Kentucky Mail original Continuing KY Dept. fo 300 Coffee P.O. Box 5		courses 0.00 made pa signatures to ant- Trustee Ce es	yable to the	For State Certification U Approved Certificate Certificate Number: Valid from:to	 	
Name:	Last	E-mail: First				
Home Address:Street			Cit	y State	Zip	
Library:						
Library Addre	ess:					
City	State	Zip	County	Term Expiration Date		
understand that	any false statement	s may result in	denial or revocat	nd correct to the best of my kno tion of the certificate. As the Dire answers are correct so far as t	ector or	
Applicant Signature (Trustee)			Signature of Library Director or President of Board			
 Date			Date			