



County Officials Training Incentive Program Participation Form

Email Forms To:
Tanya.Kearney@ky.gov; 502-564-0674

Elected Official's Information

Newly Elected

Appointed ***

*****Attention Appointed Officials: You should attach a copy of your appointment letter when submitting this form*****

Name: Mr. Ms. First: _____ Middle: _____ Last: _____

Officials County: _____ Phone: _____

Mailing Address: _____

Letters will be sent to this address _____ E-Mail: _____

Elected Position

(Check the corresponding box & list District if applicable)

Judge Executive

Magistrate-District _____

Commissioner - District _____

County Clerk

Sheriff

Jailer

First Day Served In Office : _____
(Current Position Term)

I Choose To Participate In The HB 810 County Elected Officials Training Incentive Program

You must "INITIAL" by the appropriate response

_____ **YES**, I choose to participate in the training program

(Initial)

_____ **No**, I choose not to participate in the training program

(Initial)

Certification: By signing below I certify that the information listed above is correct & accurate and that I am entitled to participate in the County Elected Officials Training Incentive Program.

Signature: _____

Date: _____