

Request Form for Certification
(Fees must be sent with this form to the
EDUCATION PROFESSIONAL STANDARDS BOARD
by the student separate from the TC-1 form.)

Division for Certification
100 Airport Road, 3rd Floor
Frankfort, KY 40601
Tel. 502.564.4606

Social Security Number: _____

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

I am enclosing a certified check/money order made payable to the KENTUCKY STATE TREASURER and requesting the following:

Issuance of Regular Certificate* (**\$50 fee**)

Issuance of 5 year Substitute Certificate (**\$15 fee**)

Issuance of Additional Certificate* (**\$50 fee**)

Rank Change* (**\$50 fee**)

4 year Extension of Certificate (**\$35 fee**)

Renewals* (**\$50 fee**)

* Requests for action received on separate dates will incur separate payment.

Signature

Date

PLEASE ATTACH PAYMENT HERE