



KBEMS USE ONLY
Date Received: _____
BY: _____

CEASE OPERATIONS FORM

License# _____ **Date:** _____

Name of Ambulance

Service: _____

(As it appears on your Kentucky License)

Address: _____

(Street, City, State, Zip Code)

Ceased Operations Effective

Date: _____

Reason: _____

Plans for disposition of licensed

vehicle(s): _____

I certify that this service will no longer be operating as a Kentucky Ambulance Provider.

Print Name: _____

Signature: _____

Please return form filled out in its entirety along with License:
Kentucky Board of Emergency Medical Services

300 North Main Street, Versailles, KY 40383
859.256.3565 1-866-97 KBEMS
Web www.kbems.kctcs.edu www.kctcs.edu