



Kentucky Ambulance Provider Directory Request Form

KBEMS USE ONLY

Received By: _____

Amount: _____

Check#: _____

Date Mailed: _____

(Please Print or Type)

Company Name: _____

Address: _____

City: _____

Phone Number: _____

Contact Person: _____

Signature: _____

Ambulance Provider Directories are sent out at a charge of \$15.00 for a CD version. This version is only available on Microsoft Excel. The directory contains addresses, phone numbers, fax numbers, e-mail addresses (if available), service director, medical director and the type of service provided (Advanced Life Support or Basic Life Support).

Number of Copies Requested: _____

Total Amount Enclosed: _____

Please make check or money orders payable to: **Kentucky Board of Emergency Medical Services.**

Mail your request to: **Kentucky Board of Emergency Medical Services, 300 North Main Street, Versailles, Kentucky 40383.**

PLEASE DO NOT SEND CASH

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