



NAME & ADDRESS CHANGE FORM

Current Name: _____

(Attach documentation, i.e. marriage license, divorce decree, etc.)

New Name: _____

Certification/License Number: _____

Old Address: _____
Street Apt #

_____ City State Zip

New Address: _____
Street Apt #

_____ City State Zip

Phone Number: _____

Signature: _____

Please fax this form to 859-256-3128, or mail to:

Kentucky Board of Emergency Medical Services
300 North Main Street
Versailles, KY 40383

All returned checks shall be subject to a processing charge in the amount of Twenty-Five Dollars (\$25.00). In addition, any applicant or licensee issuing a check which is returned shall be deemed to have violated KRS 311A.050(2)(a). That person shall be sanctioned which may result in a fine, suspension, or license revocation.

KBEMS - 08/2008