KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES
COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD
FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963
FAX: 502-564-4687

KBEMS Use Only

Received By: _____
Amount: _____
Check #: _____

Duplicate Card/Certificate Request Form

Level Being Requested:
(Circle below)

First Responder EMT Paramedic Instructor Ambulance Provider

Document Being Requested: Card Wall Certificate Both
(Circle One)

Certification/License Number: _____
or
Ambulance Provider #: _____

Name: _____ **SSN:** _____
(As it appears on cert./license)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Number: ( )_____

Signature: _____

*There is a $25.00 fee for <u>each</u> duplicate Cards, Wall Certificates and Ambulance Licenses. Please send a check or money order payable to the Kentucky State Treasurer to:

Kentucky Board of Emergency Medical Services
2545 Lawrenceburg Road
Frankfort, Kentucky 40601

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