



<b>Cease Operations Notice</b>
Submit Completed <u>Original</u> Form to:
Kentucky Board of EMS Attn: Director 500 Mero St 5SE32 Frankfort, KY 40601

Agency Name				License #	
Address					
City		State		ZIP	
Phone		Fax		County	
Person Requesting Change				Title	

**The agency listed above has ceased/will cease operations on:**

Cease Operations Effective Date:	
Cease Operations Effective Time:	

**Reason for ceasing operations:**

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**Planned Disposition of Licensed Vehicles:**

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**Planned Disposition of Agency Medical Records (including contact information of custodian):**

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**Verification (Form must be signed by ALL owners of the licensed EMS agency)\***  
*By signing below you are confirming that you are aware that this license will no longer be valid, and is no longer a tangible asset available for sale or transfer. Upon ceasing operations, it would be necessary to apply for a new Certificate of Need in order to apply for licensure with KBEMS. There is no reinstatement process for EMS Agency Licenses.*

Print Name		Signature		Date	/ /
Print Name		Signature		Date	/ /
Print Name		Signature		Date	/ /
Print Name		Signature		Date	/ /
Print Name		Signature		Date	/ /

*\*If additional signatures are required use another copy of this form.*

**Notary Acknowledgement**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Subscribed, sworn to, and acknowledged before me by \_\_\_\_\_, on this the \_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC, STATE AT LARGE