

Cease Operations NoticeSubmit 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 ha	-	erations on:		
Cease Operations Effective D				
Cease Operations Effective T				
Reason for ceasing operati	ions:			
	1 1. 1			
Planned Disposition of Lice	ensed Vehicles:			
Planned Disposition of Age	ency Medical Records (i	ncluding contact informa	tion of custodian):	
			•	
			.	
Verification (Form must be	•		• •	
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