



For KBEMS Use Only
Ck/MO#: _____
Amount: \$ _____

Duplicate Card/Certificate Request Form

Level Being Requested (Circle below):

First Responder EMT Paramedic Instructor Ambulance Provider

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

Ambulance Provider Number: _____
OR

Certification/License Number: _____

Name: _____ **SSN:** _____
(As it appears on Certification/License)

Mailing Address: _____

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

Phone Number: _____

Signature: _____ **Date:** _____

*There is a \$25.00 fee for each Duplicate Card, Wall Certificate, or Ambulance License. Please send a certified check or money order, payable to the Kentucky Board of Emergency Medical Services 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 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 (8/2009)

300 North Main Street, Versailles, KY 40383
859.256.3565 Fax: 859.256.3128
kbems.kctcs.edu