



Cease Operations Form

Submit Completed Original Form to:

Mail	KBEMS Attn: Field Operations 118 James Court, Suite 50 Lexington KY 40505
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Service Name		License #	
Address			
City	State	Zip	
Phone	Fax	County	
Person Requesting Change			Title

The service listed above has ceased/will cease operations on:

Ceased Operations Effective Date:	
Ceased Operations Effective Time:	

Reason for ceasing operations:

Planned Disposition of Licensed Vehicles:

Verification

I certify that the above named service will no longer be operating as a Kentucky Ambulance Provider.

Print Name		Signature		Date	
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