



Cease Operations Form	
Submit Completed <u>Original</u> Form to:	
Mail	KBEMS Attn: Field Operations 2464 Fortune Dr. Ste. 195 Lexington KY 40509

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:

Planned Disposition of Licensed Vehicles:

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

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