



KENTUCKY BOARD OF DURABLE MEDICAL EQUIPMENT SUPPLIERS

P. O. Box 1360
Frankfort, Kentucky 40602
Phone (502) 892-4251
<http://kbdmes.ky.gov/>

MAILING LIST REQUEST

Please complete the following information to request a licensee mailing list. All lists are created in Microsoft Excel. A header row will be provided in the data. Please choose a format in Step Three below. All lists are provided electronically via email.

Step One: Provide Your Contact Information

Name of Requestor		Date of Request	
Email Address (List will be sent to this address)			
Primary Phone Number		Secondary Phone Number	
Company Name			
Street Address	City	State	Zip Code

Step Two: Choose Commercial or Non-Commercial Use

The fee for non-commercial use is \$15.00 and the fee for commercial use is \$75.00. 201 KAR 47:010.

- I will use the mailing list for a non-commercial use only and will pay the fee of \$15.00.
- I will use the mailing list for commercial use and will pay the fee of \$75.00.

Step Three: Choose a Format

- Microsoft Excel (2010) – Standard
- Microsoft Excel (1997-2003) – Standard
- Text (Tab-Delimited)
- CSV (Comma-Delimited)

Step Four: Return Your Form

Please mail your completed form, along with your check or money order made payable to the Kentucky State Treasurer to:

Department of Professional Licensing
P.O. Box 1360
Frankfort, KY 40602