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## PUBLIC PROTECTION CABINET DEPARTMENT OF PROFESSIONAL LICENSING

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero St, 2 SC 32, Frankfort, Kentucky 40601 Phone: (502) 564-3296 ~ Fax: (502) 564-4818 ~ http://dop.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.

<b>Step One: Provide Your C</b>	ontact Information		
Contact Name			Date of Request
Email Address (List will be s	sent to this address) Primary F	Phone Number	Secondary Phone Number
Company Name			
Street Address	City	State	Zip Code
-	You Are Requesting Data For list of boards serviced by the		essional Licensing.)
Board Name* *Costs for mailing lists are \$ board requested)	15 <u>per board (</u> A separate ch	eck or money orde	r must be sent for each
Step Three: Choose a Form	nat		
☐ Microsoft Excel (2010) − ☐ Microsoft Excel (1997-20 ☐ Text (Tab Delimited) ☐ CSV (Comma-Delimited	003) – Standard		
<b>Step Four: Return Your Fo</b>	orm		

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

**Kentucky State Treasure** to:



Please mail your completed form, along with a Fifteen Dollar (\$15.00) check or money order (if requesting more than one board, please send separate checks or money orders) made payable to the