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Kentucky Board of Emergency Medical Services  
2016 Ground Agency Renewal

2016 LICSC

(For Agency Licenses Expiring 12/31/2016)

This application is for the 2016 Ground Agency Renewal only. Applications must be marked **RENEWAL** below otherwise will not be processed. Detailed instructions for completing this application may be found at this [LINK](#).

The city, county, and state fields will populate after you input a postal code and click the Lookup button. If the city, county, or state is incorrect, click the small blue button with binoculars to the right of the 'State' Field and a pop up box will appear. Please select the correct city, county, and state combination from that box by selecting the green check mark on the left side of the box.

Level	Initial	Renewal	Transfer
Application Status	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Agency Information

Agency Name: DRY RIDGE FIRE DEPARTMENT

Agency Number: 1647

Administrator's Name: Kevin Stave

Administrator's Email Address: kstave@drfd.org

Organization Type: Community, Non-Profit

Organization Status: Mixed

Physical Address Street 1: 17 Race Street

Physical Address Street 2:

Physical Address Postal Code: 41035

Lookup

Click "Lookup" to select City, County, and State for this postal code

Physical Address City: DRY RIDGE

Physical Address County: GRANT

Physical Address State: Kentucky

Phone: 859 - 824 - 9158

Fax: 859 - 824 - 9160

Website: <http://www.DRFD.org>

Mailing Address Street: 17 Race Street

Mailing Address Postal Code: 41035

Lookup

*Click "Lookup" to select City, County, and State for this postal code*

Mailing Address City: DRY RIDGE

Mailing Address County: GRANT

Mailing Address State: Kentucky ▼

## Medical Director

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### Demographics

Medical Director Name: Larry Johnson

Kentucky Medical License Number: 35775

## Geographic Service Area

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Per 202 KAR 7:501, Section 2 (5) "Providers shall provide the KBEMS office with an accurate map and a written description of its geographic service area within the Commonwealth, which shall identify with specificity the complete boundary of the area served by the provider when applying for initial licensure or if the service area has changed since the last map was provided to the KBEMS office. The map shall accurately reflect the service area as identified by the providers certificate of need, if appropriate."

Please give a detailed description\* below (including street names of all roads that border your geographical service area), and a map displaying the geographical service area as indicated on your certificate of need issued for your agency by the Cabinet for Health and Family Services.

\* If your service area is indicated as "\_\_\_\_\_ County" you will not need to provide street names and can just put "\_\_\_\_\_ County" in the description box.

Describe Geographic Service Area

Grant County

Map of Geographic Service Area

Grant County

Description

Grant County

Current File:

Grant county map.pdf

Change File:

Browse

Radio Communications

The information in this section may be utilized to facilitate communications during a mutual-aid scenario or to assist other organizations researching communications systems. Responses should reflect your organization's primary radio system. Select Frequency Band

- VHF UHF 700 MHz 800 MHz Unsure

Select Frequency Mode

- Analog NXDN P-25 TRBO Unsure

Conventional or Trunked

- Conventional Trunked Unsure

Encryption Utilized

- Yes No Unsure

Transmit Frequency

153.995

Transmit Frequency Tone or RAN Code

192.8

Receive Frequency

155.925

Receive Frequency Tone or RAN Code

192.8

Mutual-aid Frequencies Programmed

- Yes No Unsure

Payment Selection

Please assist KBEMS in processing by answering a few question about Payment Options. If requesting an invoice by email, please allow two business days.

What method of Payment will you be using?

- Credit Card Check Money Order Other

If payment is other than electronic (check, money order) when do you plan to submit payment?

Do you need an invoice emailed in order to initiate payment?

- Yes No

Declaration and Signature

This declaration is an affirmation that this agency and all aspects of its operation shall be open to the inspection and surveillance of the Kentucky Board of Emergency Medical Services and the Commonwealth of Kentucky. I certify the information provided in this application is accurate and true to the best of my knowledge and recognize that falsification of this application may result in revocation of license(s).

KBEMS is paperless! By signing below, I affirm that I understand KBEMS will use electronic (email) communications as the primary method to communicate with EMS Agencies and Responders as of January 1, 2015. I shall make sure the email address on file in KEMSIS is current, accessible, and checked regularly.

Signed by KEVIN STAVE on 11/16/2016 at 9:54 AM