

@ 12/16

2017 Ground Agency Renewal

Kentucky Board of Emergency Medical Services
2017 Ground Agency Renewal
(For Agency Licenses Expiring 12/31/2017)

2017 Lisc

This application is for the 2017 Ground Agency Renewal only. Detailed instructions for completing this application may be found at this [LINK](#).

Agency Information

Agency Name: DRY RIDGE FIRE DEPARTMENT

Agency Number: 1641

Organization Type: Fire Department ▼

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

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 12/01/2017 at 11:58 AM