THE WALL OF THE WA

PUBLIC PROTECTION CABINET OFFICE OF OCCUPATIONS AND PROFESSIONS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, 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.

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

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 **Kentucky State Treasure** to:

Office of Occupations and Professions P.O. Box 1360 Frankfort, KY 40602

