

Frankfort, KY 40602

12/2012

PUBLIC PROTECTION CABINET Department of Professional Licensing

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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 se	ent to this address) Primary Phone Num	iber Secon	dary Phone Number
Company Name			
Street Address	City	State	Zip Code
-	You Are Requesting Data From list of boards serviced by the Office of O	Occupations and	Professions)
Board Name* *Costs for mailing lists are \$1 board requested)	15 <u>per board (A</u> separate check or mo	ney order mus	t be sent for each
Step Three: Choose a Form	nat		
 Microsoft Excel (2010) – Microsoft Excel (1997-20) Text (Tab Delimited) CSV (Comma-Delimited) 	03) – Standard		
Step Four: Return Your Fo	rm		
• •	orm, along with a Fifteen Dollar (\$15.00 ard, please send separate checks or mone :	,	•
Department of Professional L P.O. Box 1360	icensing		

