PUBLIC PROTECTION CABINET
OFFICE OF OCCUPATIONS AND PROFESSIONS

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OPEN RECORDS REQUEST

1. MAILING INFORMATION

First Name	Last Name	Middle I.
Street Address		
City	State	Zip Code
Phone Number	Email Address	
Date of Request	Signature	

2. REQUEST INFORMATION

In accordance with KRS 61.870 – 61.884, I hereby submit a request for the following document(s):

Name of board: _____

A. The use of the information is for (check one): ☐ Commercial ☐ Non-Commercial

B. If commercial, what is the intended use of the information provided by the Office of Occupations and Professions? (KRS 61.874 (b))

Please be advised that there is a charge of .10 per page.
Once payment is received we will fulfill your request.