

Kentucky Emergency Management Access Request Form



DISCLAIMER

Filling out this form will not automatically guarantee you a badge and/or access. Either are granted based on approval from KYEM, and the recipient will be contacted once a decision has been made.

Date:

Kentucky Division of Emergency Management
Boone National Guard Center
100 Minuteman Parkway
Frankfort, Kentucky
40601
Fax: (502) 607-1622
kyem.ky.gov

Contact Information		Work Address	
Name:	<input type="text"/>	Address:	<input type="text"/>
Organization:	<input type="text"/>	City:	<input type="text"/>
Position:	<input type="text"/>	State:	<input type="text"/> Zip Code: <input type="text"/>

Contact Information		Home Address	
Office Number:	<input type="text"/>	Address:	<input type="text"/>
Fax Number:	<input type="text"/>	City:	<input type="text"/>
Home Number:	<input type="text"/>	State:	<input type="text"/> Zip Code: <input type="text"/>
Cell Number:	<input type="text"/>	Personal E-mail:	<input type="text"/>
Work Email:	<input type="text"/>	<i>NOTE: Your personal e-mail address is for emergency communication only, and will be used if communication through the work e-mail is unsuccessful.</i>	

Hair Color:* **Height:*** **Eye Color:***

*Required for KYEM Identification Badge application only.

I certify that the above information is accurate to the best of my knowledge:

For KYEM Administration Only			
<input type="radio"/> Approved	<input type="radio"/> Denied	Date Approved:	<input type="text"/>
		Badge Number:	<input type="text"/>
FOR:	<input type="radio"/> Badge	As KYEM Management, I certify that the above information is accurate and approved: <input type="text"/>	
<input type="radio"/> SharePoint	<input type="radio"/> Both		