

# Kentucky Emergency Management Access Request Form



**DISCLAIMER**

Filling out this form will not automatically guarantee you access. Access is 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

**Hair Color:\***

**Eye Color:\***

**Height:\***

\*Required for KYEM Identification Badge application only.

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

Contact Information	Home Address
<b>Office Number:</b> <input type="text"/>	<b>Address:</b> <input type="text"/>
<b>Fax Number:</b> <input type="text"/>	<b>City:</b> <input type="text"/>
<b>Home Number:</b> <input type="text"/>	<b>State:</b> <input type="text"/> <b>Zip Code:</b> <input type="text"/>
<b>Cell Number:</b> <input type="text"/>	<b>Personal E-mail:</b> <input type="text"/>
<b>Work Email:</b> <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>

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

**Please return this form to your County Emergency Management Director**

As the **county director**, I certify that the above information is accurate and approved:

As the **regional manager**, I certify that the above information is accurate and approved:

**For KYEM Administrative Use Only**

*Approved*       *Denied*     
 Date Approved:      
 Badge Number:

**For:**  Badge     SharePoint     Both     
 Final approval: