

Incorporated by Reference

40 KAR 2:040

October 1, 1992

APPLICATION FOR PERMIT  
TO USE AUTOMATED CALLING EQUIPMENT  
IN THE COMMONWEALTH OF KENTUCKY

I. Instructions

A. Type or print in ink complete answers to all requests for information set out in this application.

B. Sign and date this document. Be advised that this is an official required state document and any false statement or statements with material omissions causing the application to contain false information may result in civil or criminal sanctions. If you have any questions, consult an attorney.

II. Provide names, addresses, and telephone numbers of all persons or corporations who will be utilizing the automated calling equipment subject to this permit. Attach additional sheets if necessary. If additional persons or companies subsequently utilize this equipment, file amendments as required in a timely fashion.

\_\_\_\_\_  
Name ( )  
\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name ( )  
\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_

- III. As to any persons or companies set out in Paragraph II who are not Kentucky residents, provide the name, address, and telephone number of the Kentucky agent for service of process for such persons or companies.
  
- IV. Provide a copy of a surety bond executed by the operator of automatic calling equipment subject to this permit and issued by a surety company authorized to do business in the Commonwealth of Kentucky and is held and firmly bound unto every person establishing legal rights there under, in the amount of at least \$10,000.00. This bond is to be maintained continuously in full force and effect until the use of automated calling equipment has been disconnected for a sufficient period of time to permit and demonstrate that no pending litigation or allegations adverse to the permittee presently exist.
  
- V. The undersigned understands that any false or incomplete statement in this application may result in criminal or civil penalties. The undersigned has made sufficient inquiries and is otherwise familiar with the information submitted to assert that it is correct under legal penalties.

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SIGNATURE

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TITLE

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Drivers License Number

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Social Security Number or  
Other Identification Number

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DATE