Kentucky Board of Social Work Data Request Form

Please complete the following information regarding your KBSW licensure list. All lists are created in Microsoft Excel format. A header row will be provided in the data. The fee for the licensure list is $50.

**Step 1: Provide Your Contact Information:**

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>Company Name:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address 1:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address 2:</td>
<td></td>
</tr>
<tr>
<td>City, State, and Zip</td>
<td></td>
</tr>
</tbody>
</table>

**Step 2: Select your payment option:**

- [ ] Pay by Credit Card
  - [ ] Card holder’s name:
  - [ ] Billing Address:
  - [ ] Credit Card Type (MC/VISA only):
  - [ ] Credit Card Number:
  - [ ] Expiration Date:

  or

- [ ] Pay by Invoice (You must be a subscriber to pay by check)
  - [ ] You must be a Kentucky.gov subscriber in order to receive monthly invoices.
  - Please complete the subscription form located at [http://kentucky.gov/register/subscribe.htm](http://kentucky.gov/register/subscribe.htm) and include it with your request.

**Step 3: Return Your Form**

Please fax or mail* your completed form (along with your subscription agreement, if applicable) to the attention of:

Jessica Moore  
Kentucky.gov  
229 West Main Street, Suite 400  
Frankfort, KY 40601  
Phone: (502) 875-3733  
Fax: 502-875-3722

*Please do not email the request form with credit card information. Email is not a secure environment for transmitting this information. Thanks!