

No.

PERMIT/LICENSE/  
REGISTRATION/CERTIFICATION

## REQUEST FOR CONFERENCE PURSUANT TO: 902 KAR 1:400

### ISSUED TO:

Name:  Address:

City:  State:  Zip Code:

I, \_\_\_\_\_,  Operator  Manager  Owner of  Installer,  
and being responsible for the above referenced facility/system, hereby request that I be afforded and  
opportunity for a conference in regard to the notice of impending action to:  **SUSPEND**  **REVOKE**  
the:  **PERMIT**  **LICENSE**  **REGISTRATION**  **CERTIFICATION**  
as provided under the authority of the above referenced law and regulation.

**A copy** of the **recording** of the conference or a **transcript** of the conference may be requested pursuant to KRS 13B.090. However, a transcript of the conference may not be made unless the requesting party assumes the **cost** and a request in writing is made at the time the conference is requested.

**I DO** \_\_\_\_\_  **I DO NOT** \_\_\_\_\_ request a transcript of the conference.  
(your initials) (your initials)

Signature of person requesting conference: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*COMPLETE AND RETURN THE ENTIRE FORM TO THE ADDRESS BELOW\*\*\***

Health Department:

Address:

City:  State:  Zip Code:

(HEALTH OFFICIAL'S SIGNATURE)

(TITLE)

(PHONE)

**DO NOT WRITE IN SPACE BELOW - HEALTH DEPARTMENT USE**

DATE REQUEST RECEIVED BY HEALTH DEPARTMENT

ENVIRONMENTALIST CODE

HEALTH AUTHORITY SIGNATURE \_\_\_\_\_