

# Mailing Data Request Form

*All mailing requests are subject to a \$50 fee.*

Please provide an email address that is valid as all correspondence will be conducted via the email address provided.

All order Lists contain the following information on Active Licensees: First Name, Last Name, Address, City, State, Zip Code, County, License Type, License Number, Expiration Date, Original Issue Date. Data will be provided in CSV format.

## Requester Information:

**Requester's Name:**

**Organization:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Telephone:**

**E-mail Address:**

**CERTIFICATE OF COMPLIANCE WITH KSA 45-230**

I \_\_\_\_\_ understand that no person shall receive, for the purpose of selling or offering for sale any property or service to person listed therein, any list of names or addresses contained in or derived from a public record, except that a list of names and addresses of licensees of the Board may be received by a professional organization for membership, informational, or other purposes related to the practice of the profession, and a list of names and addresses of persons applying for license examination may be received by professional organizations providing educational materials for the purpose of providing persons with information relating to the availability of such materials.

I also understand that violation of the statute prohibiting the unlawful use of names derived from a public record will result in a civil penalty in an action brought by the attorney general or county or district attorney in a sum set by the court not to exceed \$500 for each violation.

In accordance with these provisions, I certify that I do not intend to, and I will not, use any list of names or addresses contained in or derived from the record for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; neither will sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

**PLEASE NOTE, THIS DATA IS NOT A VALID FORM OF VERIFICATION OF LICENSURE FOR NURSES.**

*Printed mailing labels and CD's are no longer available.*

**Attestation:**

I realize that this application is a legal document and that by signing below I am declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

Requester Signature: \_\_\_\_\_

Date: \_\_\_\_\_