

1 OFFICE OF ATTORNEY GENERAL

2 Kentucky Office of Regulatory Relief

3 (New Administrative Regulation)

4 40 KAR 12:450. Emergency Contractors.

5 RELATES TO: KRS 367.379

6 STATUTORY AUTHORITY: KRS 15.180, 367.150(4), 367.379(8)

7 CERTIFICATION STATEMENT: This is to certify that this administrative regulation
8 amendment complies with the requirements of 2025 RS HB 6, Section 8.

9 NECESSITY, FUNCTION AND CONFORMITY: KRS 15.180 authorizes the Attorney General
10 to promulgate administrative regulations that will facilitate performing the duties and exercising
11 the authority vested in the Attorney General and the Department of Law. KRS 367.150(4) requires
12 the Department of Law to recommend administrative regulations in the consumers' interest. KRS
13 367.379(8) authorizes the Attorney General to promulgate administrative regulations pertaining to
14 emergency contractors. This administrative regulation establishes an online registration
15 application, an online renewal application, person in control statement, and a surety bond form to
16 be used by emergency contractors in designated emergency areas.

17 Section 1. Emergency Contractors Registration Application. (1) Except as provided in paragraph
18 (4) of this Section, a contractor shall not perform services for Commonwealth of Kentucky
19 residents in a designated emergency area under a KRS 367.379(2)(a) Attorney General executive
20 order, unless the Attorney General approves the contractor's online emergency contractor
21 registration application in accordance with this administrative regulation. An applicant shall

1 submit an online registration application using the Emergency Contractor Registration Application
2 portal available at <https://www.ag.ky.gov/Resources/Pages/Office-of-Regulatory-Relief.aspx>.

3 (2) To complete an online application, an applicant shall submit:

4 (a) Payment of the \$100.00 registration fee;

5 (b) The applicant's certificate of existence, authorization certificate from the Kentucky
6 Secretary of State's office, other evidence of the applicant's authority to transact business in
7 Kentucky, or verification of a sole proprietor's business address;

8 (c) Copies of the applicant's general liability insurance policy or insurance declaration page
9 evidencing insurance coverage in the minimum amount of \$200,000; a completed Emergency
10 Contractor Bond, form EC-1; or other completed surety bond in the minimum amount of
11 \$200,000 by a surety authorized to do business in Kentucky; and

12 (d) Copies of the applicant's workers compensation insurance policy.

13 (3)(a) An applicant shall complete its application by submitting additional information or
14 documents within thirty (30) days of a request by the Attorney General.

15 (b) The Attorney General may deny any application:

16 1. If an applicant fails to timely complete the application by not paying the application
17 fee or providing requested information or documents; or

18 2. For any reason that the Attorney General, in the exercise of sound discretion, deems
19 sufficient.

20 (4) Emergency contractors shall not be required to obtain registration to perform work in a
21 designated emergency area when:

22 (a) Work is performed pursuant to a contract executed prior to a state of emergency
23 declaration; or

(b) The Attorney General issues an executive order under KRS 367.379(2)(b)1 determining that a local government in the designated emergency area imposes emergency registration or emergency licensure requirements for contractors that are greater than the requirements imposed under KRS 367.379 (3)(a), (b), and (c) whereby the contractor shall comply with that local government's requirements.

Section 2. Emergency Contractor Person in Control. (1) A registrant shall not perform services for Commonwealth of Kentucky residents in a designated emergency area under a KRS 367.379(2)(a) Attorney General executive order unless the registrant designates a person responsible for the conduct of all employees and solicitors for a designated emergency area. If not provided in the original application, a registrant shall identify the person in control of a designated emergency area using the Emergency Contractor Person in Control submission portal available at <https://www.ag.ky.gov/Resources/Pages/Office-of-Regulatory-Relief.aspx>.

Section 3. Emergency Contractor Renewal Applications. (1) An approved emergency contractor registration or renewal shall be valid for one (1) year from the date of registration or renewal by the Attorney General.

(2) Thirty (30) days prior to the expiration of a current registration, a registered emergency contractor may renew its registration. Registration renewal shall be accomplished by submitting an online renewal application using the Emergency Contractor Renewal Application portal available at <https://www.ag.ky.gov/Resources/Pages/Office-of-Regulatory-Relief.aspx>.

(3) When submitting an online renewal application, each registrant shall submit:

(a) Payment of the \$100.00 registration renewal fee;

(b) If the registrant's prior submitted general liability insurance policy or surety bond is no longer current:

1 (1) Copies of the applicant's current general liability insurance policy or insurance
2 declaration page evidencing insurance coverage in the minimum amount of \$200,000;

3 (2) A completed Emergency Contractor Bond, form EC-1; or

4 (3) Other completed surety bond in the minimum amount of \$200,000 by a surety
5 authorized to do business in Kentucky; and

6 (c) If the registrant's prior submitted worker's compensation policy is no longer current,
7 copies of the registrant's current worker's compensation insurance policy.

8 (4)(a) A registrant shall complete its renewal application by submitting additional information
9 or documents for its application within thirty (30) days of a request by the Attorney General.

10 (b) The Attorney General may deny any renewal application:

11 1. If a registrant fails to timely complete the application by not paying the application
12 fee or providing requested information or documents; or

13 2. For any reason that the Attorney General, in the exercise of sound discretion, deems
14 sufficient.

15 Section 4. Annual Registration Fee. The annual registration fee for an emergency contractor shall
16 be \$100.00.

17 Section 5. Written notification of material changes. A registered emergency contractor shall
18 notify the Attorney General, in writing, within fourteen (14) days of any material change to
19 information provided in the registrant's original application, any renewal application, application
20 attachments, or written notices

21 Section 6. Record Requests. An emergency contractor shall make requested business records and
22 documents and information related to an investigation or inquiry readily available to the Attorney
23 General for inspection and copying upon request.

1 Section 7. Subsequent Proceedings. Registration or renewal by the Attorney General shall not be
2 construed to waive or condone any violation of law that occurred prior to or after any registration
3 or renewal and shall not prevent subsequent proceedings against a registrant.

4 Section 8. Incorporation by Reference. (1) The following material is incorporated by reference:

5 (a) “Emergency Contractor Registration application”, July 2026;

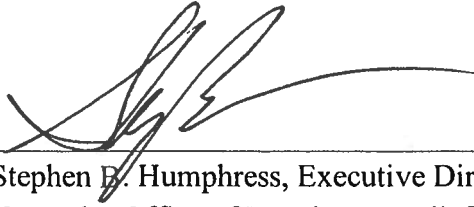
6 (b) “Emergency Contractor Person in Control submission,” July 2026; and

7 (c) “Emergency Contractor Renewal application”, July 2026;

8 (d) “Emergency Contractor Surety Bond, Form EC-1”, July 2026.

9 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at
10 the Office of the Attorney General, Capital Complex East, 1024 Capital Center Drive, Suite 200,
11 Frankfort, Kentucky 40601, Monday through Friday, 8:00 a.m. to 4:30 p.m. This material is also
12 available on the Attorney General’s website, <https://ag.ky.gov/Pages/default.aspx>.

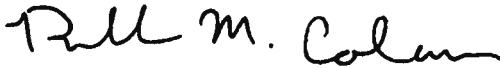
READ AND APPROVED



Stephen B. Humphress, Executive Director
Kentucky Office of Regulatory Relief
Office of Attorney General

July 15, 2026

Date



Russell Coleman, Attorney General
Department of Law

July 15, 2026

Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this proposed administrative regulation shall be held on September 22, 2026, at 10:00 a.m. Eastern Time at the Office of Administrative Hearings, Conference Room B, 105 Sea Hero Road, Suite 2, Frankfort, KY 40601. Individuals interested in being heard at this hearing shall notify the Attorney General in writing at least five (5) working days prior to the hearing of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through 11:59 p.m. on September 30, 2026. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Stephen B. Humphress, Executive Director, Kentucky Office of Regulatory Relief, Kentucky Office of Attorney General, 1024 Capital Center Drive, Suite 200, Frankfort, Kentucky 40601, phone: 502-696-5408, fax: (502) 573-8317, email: steve.humphress@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Administrative Regulation #: 40 KAR 12:450

Contact Person: Stephen B. Humphress

Phone Number: 502-696-5481

Email: steve.humphress@ky.gov

Subject Headings: Attorney General; Occupations and Professions; Insurance; Bonds; Emergency Management

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the online registration application form, online person in control submission, online renewal application form, bond form and annual registration fee for emergency contractors.

(b) The necessity of this administrative regulation: This regulation is necessary since it allows the Office of Attorney General ("Attorney General"), to perform its statutory mandates. The regulation is needed so that emergency contractors can comply with statutory requirements.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 15.180 directs the Attorney General to promulgate administrative regulations that will facilitate the performance of duties vested in the Attorney General and the Department of Law. KRS 367.150(4) requires the Department of Law to study the operation of all laws, rules, administrative regulations, orders, and state policies affecting consumers and to recommend administrative regulations in the consumers' interest. KRS 367.379(8) requires the Attorney General to promulgate administrative regulations necessary to carry out the provisions of KRS 367.379.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation establishes the online registration application form, online renewal application form, bond form and annual registration fee for emergency contractors.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation:

(b) The necessity of the amendment to this administrative regulation:

(c) How the amendment conforms to the content of the authorizing statutes:

(d) How the amendment will assist in the effective administration of the statutes:.

(3) Does this administrative regulation or amendment implement legislation from the previous five years? Yes

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This regulation affects unknown future applicants seeking to perform contractor services in future emergency designated areas. It is estimated that the regulation will affect approximately 400 applicants per future designated emergency area.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment: Future applicants will be required to use the online application, submission, and payment processes and may use the bond form incorporated into this regulation. Attorney General staff will review and process the new online submissions for compliance with law.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4): Applicants will incur a \$100 annual application fee but will incur no cost in using the online processes and bond form available on the Attorney General's website at no cost. The Attorney General will incur costs to review the submitted application for the new registration areas.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4): The online processes and form will make it easy for applicants to apply, renew registrations, submit registration fees and submit required information and documentation required by statute. The online application and processes will result in quick processing time by Attorney General staff.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: It is estimated that the Attorney General will incur approximately \$14,000.00 in expenses to develop the online application, renewal application, information and document submission processes, payment processes, database creation, form, and KRS 13A.100(2) required regulation.

(b) On a continuing basis. It is estimated that the Attorney General will incur costs of approximately \$40,000 to process anticipated applications for each future designated emergency area.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Funds from the Attorney General's general fund and registration fees established by this administrative regulation will be the funding source.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change, if it is an amendment: An annual registration fee will be necessary to implement this administrative regulation.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increased any fees: This administrative regulation establishes a \$100 annual registration fee.

(10) TIERING: Is tiering applied? [*Explain why or why not*] No. This administrative regulation applies equally to all emergency contractors.

FISCAL IMPACT STATEMENT

Administrative Regulation #: 40 KAR 12:450

Contact Person: Stephen B. Humphress

Phone Number: 502-696-5481

Email: steve.humphress@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 15.180, 367.150(4), 367.379

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act: This administrative regulation amendment was expressly authorized by 1960 Ky. Acts ch. 68, Art. II, sec. 1; 1972 Ky. Acts ch. 4, sec. 4; and 2026 Ky. Acts ch. 54, sec. 9.

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: The Office of Attorney General, Kentucky Office of Regulatory Relief ("Attorney General") is the promulgating agency. The regulation does not affect any other state agencies.

(b) Estimate the following for each affected state unit, part, or division in (3)(a):

1. Expenditures:

For the first year: The Attorney General will incur expenses of approximately \$14,000 to implement this administrative regulation in the first year.

For subsequent years: The Attorney General will incur expenses of approximately \$100 to process each emergency contractor application for subsequent years.

2. Revenues:

For the first year: The administrative regulation will generate no revenues to the Attorney General in the first year.

For subsequent years: The administrative regulation will generate revenues of \$100 to the Attorney General for each emergency contractor application for subsequent years.

3. Cost Savings:

For the first year: The Attorney General will receive no cost savings from this administrative regulation in the first year.

For subsequent years: The Attorney General will receive no cost savings from this administrative regulation for subsequent years.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): The administrative regulation will not affect any local entities.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year: This administrative regulation will not cause expenditures by local entities for the first year.

For subsequent years: This administrative regulation will not cause expenditures by local entities for subsequent years.

2. Revenues:

For the first year: Local entities will receive no revenues from this administrative regulation for the first year.

For subsequent years: Local entities will receive no revenues from this administrative regulation in subsequent years.

3. Cost Savings:

For the first year: Local entities will receive no cost savings from this administrative regulation for the first year.

For subsequent years: Local entities will receive no cost savings from this administrative regulation in subsequent years.

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): Future applicants registering as emergency contractors will be affected by this administrative regulation.

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:

For the first year: This administrative regulation will not cause applicants to have any expenditure in the first year.

For subsequent years: An applicants will have an expenditure of \$100 to register as emergency contractors for subsequent years.

2. Revenues:

For the first year: Applicants will not receive any revenue from this administrative regulation in the first year.

For subsequent years: Applicants will not receive any revenue from this administrative regulation for subsequent years.

3. Cost Savings:

For the first year: Applicants will receive no cost savings from this administrative regulation in the first year.

For subsequent years: Applicants will receive no cost savings from this administrative regulation for subsequent years.

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: The administrative regulation will cause the Attorney General to have \$14,000 in initial expenses. This administrative regulation will cause each applicant to each have an expenditure of \$100 to register as emergency contractors. The Attorney General will have an expenditure of approximately \$100 to process each application. For these reasons, the administrative regulation will have a minor fiscal impact.

(b) Methodology and resources used to determine the fiscal impact: The Attorney General used a quantitative methodology analysis based on history of administrative agencies which license or register businesses in a specific subject area and the resulting facts from this regulation. The Attorney General used staff resources in determining the fiscal impact.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a “major economic impact”, as defined by KRS 13A.010(13): There is not an expected “major economic impact” from this administrative regulation for the Attorney General, any local entities, or affected future applicants.

(b) The methodology and resources used to reach this conclusion: The Attorney General used a quantitative methodology analysis based on history of administrative agencies which license or register businesses in a specific subject area and resulting facts from this regulation. The Attorney General used staff resources in reaching the conclusion that no overall negative or adverse major economic impact results from this administrative regulation.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

Administrative Regulation #: 40 KAR 12:450

Contact Person: Stephen B. Humphress

Phone Number: 502-696-5481

Email: steve.humphress@ky.gov

1. “Emergency Contractor Registration application portal”, July 2026. An applicant will use this online application portal when seeking to register as an Emergency Contractor with the Attorney General. The form consists of eight (8) online pages. Attached as Appendix I are printed copies of the online application portal pages.
2. “Emergency Contractor Person in Control Submission portal”, July 2026. A registered emergency contractor will use this online submission portal when seeking to perform work in emergency designated areas not listed in the original application. The form consists of three _ (3) online pages. Attached as Appendix II are printed copies of the online submission portal pages.
3. “Emergency Contractor Renewal application portal”, July 2026. A registered emergency contractor will use this renewal application portal when seeking registration renewal from the Attorney General. The online submission process consists of five (5) online pages. Attached as Appendix III are printed copies of the renewal application portal pages.
4. “Emergency Contractor Surety Bond”, Form EC-1, July 2026. This bond form may be used by an applicant when submitting a surety bond to the Attorney General. The form consists of two (2) pages. Attached as Appendix IV.

Appendix I



Kentucky Office of Regulatory Relief ("KORR") Emergency Contractor Registration Application Portal

Please complete all the information below for all pages and upload any requested documents to submit an online application.

KORR recommends turning on the autofill feature in your web browser to make filling out online forms easier.

Please omit commas in all number fields.

Application Information ▾

Legal Name of Emergency Contractor (required)

Doing Business As (DBA) name(s) of the applicant or owner(s) within the last ten (10) years (required)

If multiple DBAs, please list all with semi-colons between each DBA.

Business Mailing Street Address (required)

Business City (required)

Business State (required)

Select from below ▾

Business Zip Code (required)

Business Telephone Number (required)

Contact Person Street Address (required)

Contact Person City (required)

Contact Person State (required)

Select from below



Contact Person Zip Code (required)

Contact Person Phone (required)

Contact Person Email (required)

Please provide the following information regarding the Applicant (required)

Select from below



State of incorporation, organization, formation, or existence (required)

Select from below



Please attach a copy of the Applicant's certificate of existence, or authorization certificate, from the Kentucky Secretary of State's Office, or provide other evidence of the Applicant's authority to transact business in the Kentucky. (required)

Instructions for obtaining certificates can be found at: <https://www.sos.ky.gov/bus/businessrecords/Pages/default.aspx>

If applicant is a sole proprietor/individual, verify your current residential address by submitting 2 documents that clearly display your name and address such as recent bank statements, utility bills (such as electricity, water, or gas), credit card statements or similar official correspondence, that are dated within the past 60 days.

Browse

or drag file(s) here

Owners, Officers and Agents of Applicant ▾

Number of business officer(s); director(s); person(s) with a 10% principal interest in the business (proprietor, partner(s), owner(s), partner(s), member(s), shareholder(s)). If an artificial entity(s) holds ownership, please complete for individual(s) whose ownership in a parent or holding entity(s) equates to a 10% ownership of the Applicant (required)

If greater than 4 please attach document with Name, Title and Address for each additional individual

1

First Owners Officers and Agents Name (required)

First Owners Officers and Agents Title (required)

First Owners Officers and Agents Home Address (required)

First Owners Officers and Agents Mailing Address (required)

First Owners Officers and Agents Phone Number (required)

First Owners Officers and Agents Social Security Number (required)

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Information About Applicant and Owners ▾

Has the applicant or any of the individual(s) listed as an owner, officer, or agent in the application, personally, or as an owner, employee, or agent of another business, ever been subject of a business-related lawsuit? (required)

Select from below ▾

Has the applicant; any business having any of the persons listed above as officers, employees or agents of a business that; or the listed persons themselves, ever had a final judgment or order in a civil/administrative action, including a stipulated judgment/order, for alleged violations of fraud, theft, embezzlement, fraudulent conversion, misappropriation of property, the use of untrue or misleading representations in an attempt to sell or dispose of real or personal property, the use of unfair, unlawful, or deceptive business practices, or KRS Chapter 367? (required)

Select from below ▾

Is the applicant; or any business having any of the persons listed above as officers, employees or agents; or the listed persons themselves, subject to an injunction or restrictive court order relating to business activity as the result of an action brought by a federal, state, or local public agency, including but not limited to, an action affecting any vocational license?
(required)

Select from below

Within the previous (7) years, has the applicant; or any business having any of the persons listed above as officers, employees or agents; or the listed persons themselves, filed bankruptcy, been adjudged bankrupt, been reorganized due to insolvency, or been a principal, director, officer, trustee, general or limited partner, or had management responsibilities of any other corporation, partnership, joint venture, or business entity that has filed bankruptcy, adjudicated bankrupt, or reorganized?
(required)

Select from below

Business Information

Type of Business (required)

What type of contractor services does the business offer or provide ? (ex: roofing or siding repair, water damage mitigation or restoration, tree or debris removal, etc.)

Length of Time in Business (rounded to closest year) (required)

Round to the closest number of Years. For example, 5 months would round to 0 years, 6 months would round to 1 year, and 1 year 8 months would round to 2 years..

Person in Control of Emergency Designated Area ▾

Are you registering to perform work in an existing emergency designated area? (required)

Yes ▾

Emergency Area (required)

Select from one of the following active Emergency Areas identified below (copy/paste into field):

- Brisbane Lake 2025
- Brisbane Lake 2026
- Falkland County 2026
- Everest Park, Juniper County, and Riverside Basin 2026
- new

Name of Person in Control who is responsible for the conduct of all employees and solicitors of the applicant in the emergency designated area (required)

If there is more than 1 Emergency Area with Person in Control, submit the additional areas/persons in control via the [Person in Control Portal](#) after you receive your approval and associated KY Registration Number.

Person in Control's Phone Number (required)

Will appear on the Registration Certificate, which must be displayed in a conspicuous place at each job site within the emergency designated area.

Person in Control's driver's license number/state of issuance (required)

Person in Control's social security number (required)

Person in Control's home address (street, city, state, zip) (required)

Person in Control's mailing address (street/p.o box, city, state, zip) (required)

Person in Control's date of birth (required)

mm/dd/yyyy



Additional Emergency Areas

If you will have Persons' in Control working in more than one emergency area, these may be submitted once you have been approved as an Emergency Contractor using the following link:

<https://kyoag.highq.com/kyoag/renderSmartForm.action?formId=ae95261b-43fb-492a-ac81-9ebc6be753de&showChildPage=true>

KY Registration Number from Application Approval will be needed when submitting.

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Required Insurance or Bond Information ▾

Does the Applicant have a general liability insurance, a bond, or both? (required)

General Liability Insurance ▾

Name of general liability insurance company (required)

Insurance Company Address - General Liability (required)

Insurance Company Phone Number - General Liability (required)

Insurance Policy Number - General Liability (required)

Insurance Policy Amount - General Liability (required)

The minimum insurance coverage amount cannot be less than three hundred thousand dollars (\$200,000)

\$

Effective Date of Coverage - General Liability (required)

mm/dd/yyyy



Expiration Date of Coverage - General Liability (required)

mm/dd/yyyy



Insurance Policy - General Liability (required)

Please attach a copy of your general liability insurance policy or the declaration page

Browse

 or drag file(s) here

Name of workers compensation insurance company (required)

Insurance Company Address - Workers Compensation (required)

Insurance Company Phone Number - Workers Compensation (required)

Insurance Policy Number - Workers Compensation (required)

Risk ID Number/Class Code

What is the applicant's assigned risk ID number/Class Code (if any)?

Effective Date of Coverage - Workers Compensation
(required)

mm/dd/yyyy

Expiration Date of Coverage - Workers Compensation
(required)

mm/dd/yyyy

Insurance Policy - Workers Compensation (required)

Please attach a copy of your workers compensation insurance policy or the declaration page

Browse

or drag file(s) here

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Signature of Applicant ▼

Typed Name as Electronic Signature - Emergency Contractor (required)

By submitting this application, the undersigned does hereby swear or affirm, under penalty of perjury the following:

1. The undersigned is authorized to complete this application form on behalf of the applicant.
2. The information, and any attachments, provided in and with this application are true and correct.
3. The applicant agrees to notify the Attorney General immediately of any material change in the information provided in and with this application.
4. The applicant agrees to provide requested records, documents and information to the Attorney General within a reasonable time after requested.
5. The applicant understands that its application may be denied, and a registration suspended or revoked by the Attorney General.

I understand and agree that my typed name below has the same legal force and effect as my original hand-written signature and I have typed my name below with intent to sign this report by electronic means in compliance with the Kentucky Uniform Electronic Transaction Act codified at KRS 369.101 to 369.120.

Typed Name as Electronic Signature

Title of Applicant Representative (required)

Signature Date (required)

07/14/2026



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Payment Information ▾

Required \$100.00 application fee (required)

By checking "Yes", I understand my application will not be processed until the required \$100.00 fee has been paid.

☐ Yes

Payment Link

<https://ky.accessgov.com/businessregistrationapplication/Forms/Page/businessregistrationapplication/korr/1>

Application ID from confirmation email will be needed at time of payment.

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[Submit](#)

Appendix II

Kentucky Office of Regulatory Relief ("KORR") Emergency Contractor's Person in Control Portal

Please complete all the information below for all pages and upload any requested documents to submit an online form.

KORR recommends turning on the autofill feature in your web browser to make filling out online forms easier.

Please omit commas in all number fields.

Registrant Information ▾

Legal Name of Registered Emergency Contractor (required)

Doing Business as (DBA) name (if any)

KY Registration Number (required)

Current Expiration Date (required)

Registrant's Business Street Address (required)

Registrant's Business City (required)

Registrant's Business State (required)

Select from below ▾

Registrant's Business Zip Code (required)

Contact Person Name (required)

Contact Person Email (required)

Contact Person Phone (required)

Contact Person Street Address (required)

Contact Person City (required)

Contact Person State (required)

Contact Person Zip Code (required)

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Person in Control of Emergency Designated Area ▾

Number of Emergency Areas with Associated Person in Control for Each Area (required)

Enter up to 4 Emergency Areas and associated Persons in Control.

If there are more than 4 Emergency Areas, submit the additional areas/persons in control via the [Person in Control Portal](#).

1

1st - Emergency Area (required)

Select from one of the following active Emergency Areas identified below (copy/paste into field):

- Brisbane Lake 2025
- Brisbane Lake 2026
- Falkland County 2026
- Everest Park, Juniper County, and Riverside Basin 2026
- new

1st - Name of Person in Control who is responsible for the conduct of all employees and solicitors of the applicant in the emergency designated area (required)

1st - Person in Control's Phone Number (required)

Will appear on the Registration Certificate, which must be displayed in a conspicuous place at each job site within the emergency designated area.

1st - Person in Control's driver's license number/state of issuance (required)

1st - Person in Control's date of birth (required)

1st - Person in Control's social security number (required)

1st - Person in Control's home address (street, city, state, zip) (required)

1st - Person in Control's mailing address (street/P.O. box, city, state, zip) (required)

Additional Emergency Areas

If you will have more than 4 Persons' in Control working in various emergency areas, additional Persons in Control, and their corresponding emergency areas, may be submitted 4 at a time using the following link:

<https://kyoag.highq.com/kyoag/renderSmartForm.action?formId=ae95261b-43fb-492a-ac81-9ebc6be753de&showChildPage=true>

KY Registration Number will be needed when submitting.

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Signature of Registrant ▾

Typed Name as Electronic Signature (required)

By submitting this form, the undersigned representative for the registrant, does hereby swear or affirm under penalty of perjury, the following:

1. The undersigned is authorized to complete this form on behalf of the registrant.
2. The information and any attachments provided in and with this form are true and correct to the best of the undersigned's knowledge, information and belief.
3. The registrant agrees to immediately notify the Attorney General about any material change in any information, or attachments, provided in or with this form.
4. The registrant agrees to provide records and documents to the Attorney General within a reasonable time after requested.
5. The registrant understands that its registration application may be denied and a registration suspended or revoked by the Attorney General.

I understand and agree that my typed name below has the same legal force and effect as my original manual signature and I have typed my name below with intent to sign this form by electronic means in compliance with the Kentucky Uniform Electronic Transaction Act codified at KRS 369.101 to 369.120.

Typed Signature

Title of Registrant Representative (required)

Signature Date (required)

07/14/2026



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Appendix III
Emergency Contractor Registration Renewal application portal pages
Kentucky Office of Regulatory Relief ("KORR")
Renewal Portal

Please complete all the information below for all pages and upload any requested documents to submit an online application.

KORR recommends turning on the autofill feature in your web browser to make filling out online forms easier.

Please omit commas in all number fields.

Registrant Information ▾

Legal Name of Emergency Contractor (required)

Doing Business as (DBA) name (if any) (required)

KY Registration Number (required)

Current Expiration Date (required)

Registrant Business Street Address (required)

Registrant Business City (required)

Registrant Business State (required)

Select from below ▾

Registrant Business Zip Code
(required)

Contact Person Name (required)

Contact Person Email (required)

Contact Person Phone (required)

Contact Person Street Address (required)

Contact Person City (required)

Contact Person State (required)

Select from below ▼

Contact Person Zip Code (required)

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Material Changes in Application(s) ▼

Have there been any changes to business officer(s); director(s); or persons with a 10% or more controlling ownership interest in the business (proprietors, partners, owners, members, shareholders); and, any person employed or procured to advise, consult, plan, or manage a fund-raising or solicitation campaign since the initial application? (required)

- ☐ Yes
☐ No

Has the registrant or any of the individual(s) listed in the initial application, or any prior renewal application/written notification, personally or as an owner, officer, or agent, employee, or agent of another business, been subject of a business-related lawsuit? (required)

- ☐ Yes
☐ No

Has there been any change in the registrant's type of business? (required)

- ☐ Yes
☐ No

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Changes in Required Insurance or Bond Information ▾

If the registrant provided proof of general liability insurance coverage in the initial application or prior year's renewal application, does the registrant have the same insurance coverage? (required)

Yes ▾

Effective Date of Coverage - General Liability (required)

mm/dd/yyyy



Expiration Date of Coverage - General Liability (required)

mm/dd/yyyy



If the registrant provided proof of a surety bond in the initial application or prior year's renewal application, is the surety bond still valid and in effect? (required)

Yes ▾

Bond Coverage Start Date (required)

mm/dd/yyyy



Bond Coverage End Date (required)

mm/dd/yyyy



Does the registrant have the same workers compensation insurance coverage? (required)

Yes ▾

Effective Date of Coverage - Workers Compensation (required)

mm/dd/yyyy



Expiration Date of Coverage - Workers Compensation (required)

mm/dd/yyyy



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Signature of Registrant ▾

Typed Name as Electronic Signature - Emergency Contractor (required)

By submitting this application, the undersigned representative of the registrant emergency contractor, does hereby swear or affirm, under penalty of perjury the following:

1. I am authorized to complete this form on behalf of the registrant.
2. The information, and any attachments, provided in and with this application are true and correct.
3. The registrant agrees to notify the Attorney General immediately of any material change in the information provided in and with this application.
4. The registrant agrees to provide requested records, documents and information to the Attorney General within a reasonable time after requested.
5. The registrant understands that its application may be denied and a registration suspended or revoked by the Attorney General.

I understand and agree that my typed name below has the same legal force and effect as my original handwritten signature and I have typed my name below with intent to sign this report by electronic means in compliance with the Kentucky Uniform Electronic Transaction Act codified at KRS 369.101 to 369.120.

Typed Signature

 Typed Name as Electronic Signature - Emergency Contractor is required

Title of Registrant Representative (required)

Signature Date (required)

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Payment Information ▾

Required \$100.00 renewal fee - Emergency Contractor (required)

By checking "Yes", I understand my renewal will not be processed until the required \$100.00 renewal fee has been paid.

☐ Yes

Payment Link

<https://ky.accessgov.com/businessregistrationapplication/Forms/Page/businessregistrationapplication/korr/1>

KY Registration Number will be needed at time of payment.

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[Submit](#)



**COMMONWEALTH OF KENTUCKY
OFFICE OF ATTORNEY GENERAL**

Kentucky Office of Regulatory Relief
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
<https://ag.kv.gov>

EMERGENCY CONTRACTOR SURETY BOND (EC-1)

SECTION A – EMERGENCY CONTRACTOR (PRINCIPAL) INFORMATION

Legal name of emergency contractor (Principal): _____

Doing business as (DBA) name(s): _____

KY registration no: *(if known)* _____ Street address: _____

City: _____ State: _____ Zip code: _____

Name of contact person: _____

Contact person phone: _____ Contact person email: _____

SECTION B – SURETY BOND

KNOW ALL PERSONS BY THIS DOCUMENT, that the above-identified debt adjuster, _____, AS PRINCIPAL, and _____, a legal entity organized and existing under the laws of the State of _____, and authorized to transact surety insurance business in the Commonwealth of Kentucky under KRS Chapter 304, AS SURETY, are held and firmly bound unto the Commonwealth of Kentucky Attorney General for the benefit of, and bound unto, any person(s) suffering injury and loss by reason of any violation of KRS Chapter 367, or related administrative regulation(s), AS OBLIGEEES, in the full penal sum in the full penal sum of _____ Dollars (\$_____,000.00), lawful money of the United States of America, for the payment of which we hereby bind ourselves, jointly and severally, our heirs, executors, administrators, successors, and assigns firmly by these presents.

The Principal and Surety hereby bind themselves, jointly and severally, their heirs, executors, administrators, successors, and assigns firmly by these presents for the payment of above-designated amount.

WHEREAS, the above-named Principal has applied to register with the Attorney General as an emergency contractor and KRS 367.379 and related administrative regulations require the Principal to furnish a surety bond or proof of insurance coverage with such registration in the minimum amount of two hundred thousand dollars (\$200,000.00).

NOW, THEREFORE, the condition of this obligation is such, that if the Principal shall faithfully and honestly fulfill all its obligations to the Obligees in accordance with the provisions of KRS Chapter 367 or related administrative regulation(s), and no person(s) suffer loss from the Principal's services as an emergency contractor by virtue of such registration, then this obligation shall be released; otherwise, to remain in full force and effect during the period of the emergency contractor's registration as well as for two (2) years after the emergency contractor ceases to provide services to consumers in an emergency designated area.

This Bond becomes EFFECTIVE this the _____ day of _____, 20____.

The Surety may cancel this bond at any time by filing thirty (30) days' written notice of its intent to cancel or terminate this bond with the Attorney General. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue before expiration of the thirty (30) day period.

(Continued on next page)

SECTION B – SURETY BOND *(continued)*

This BOND shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

The proceeds of this bond shall be paid to any person suffering injury or loss by reason of any violation of KRS Chapter 367 or to the Attorney General for any violation of KRS Chapter 367 or shall be paid pursuant to the terms of any order of a court of competent jurisdiction. Any person who is damaged by any violation of KRS Chapter 367 may bring an action against the bond to recover damages, provided the aggregate liability of the surety shall not exceed the amount of the bond.

By submitting this completed Surety Bond form, the undersigned hereby swears and affirms, under penalty of perjury, that the undersigned has authority to execute and sign this Surety Bond on behalf of the Principal identified in Section A above; and that the Principal Debt Adjuster agrees to be bound by the terms of this Bond.

(Signature of Principal Emergency Contractor Representative)

(Date Signed)

(Printed Name)

(Title)

The undersigned hereby swears and affirms, under penalty of perjury, that the undersigned has authority to execute and sign this Surety Bond on behalf of the Surety, and that the Surety will be bound by the terms of this Bond.

(Signature of Surety Representative)

(Date Signed)

(Printed Name)

(Title)

INSTRUCTIONS

A completed surety bond, proof of insurance coverage, or both, MUST be completed and submitted with an online emergency contractor registration application.

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MEMORANDUM

TO: Stephen B. Humphress, Executive Director, Office of Regulatory Relief, Office of Attorney General

FROM: Ange Darnell, Regulations Compiler

RE: Proposed Amendment or New Regulation – 040 KAR 012:450.

DATE: July 15, 2026

A copy of the administrative regulation listed above is enclosed for your files. This regulation is **tentatively** scheduled for review by the Administrative Regulation Review Subcommittee at its **OCTOBER 2026** meeting. We will notify you of the date and time of this meeting once it has been scheduled.

Pursuant to KRS 13A.280, **if** comments are received during the public comment period, a Statement of Consideration or a one-month extension request for this regulation is due **by noon on October 15, 2026**. Please reference KRS 13A.270 and 13A.280 for other requirements relating to the public hearing and public comment period and Statements of Consideration.

If you have questions, please contact us at RegsCompiler@LRC.ky.gov or (502) 564-8100.

Enclosures