

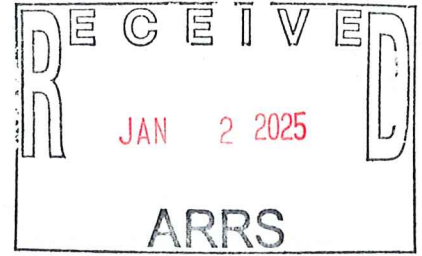
Andy Beshear  
Governor



Jamie Link  
Secretary, Education and  
Labor Cabinet

Dr. Robbie Fletcher  
Commissioner of Education

**KENTUCKY DEPARTMENT OF EDUCATION**  
300 Sower Boulevard • Frankfort, Kentucky 40601  
Phone: (502) 564-3141 • [www.education.ky.gov](http://www.education.ky.gov)



December 19, 2024

Senator Stephen West, Co-Chair  
Representative Derek Lewis, Co-Chair  
c/o Emily Caudill, Regulation Compiler  
Administrative Regulation Review Subcommittee  
Capitol Annex 083  
Frankfort, KY 40601

Re: 704 KAR 3:365. Complaint procedures for programs under the Elementary and Secondary Education Act of 1965.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 704 KAR 3:365, the Kentucky Board of Education proposes the attached amendment to 704 KAR 3:365.

Sincerely,

Todd G. Allen  
Deputy Commissioner and General Counsel

attachment

**Subcommittee Substitute  
Final Version**

**EDUCATION AND LABOR CABINET  
Kentucky Board of Education  
Department of Education  
(As Amended at ARRS)**

**704 KAR 3:365. Complaint procedures for programs under the Elementary and Secondary Education Act of 1965.**

RELATES TO: KRS 156.010, 156.035, 20 U.S.C. 6320, 20 U.S.C. 7844, 20 U.S.C. 7883

STATUTORY AUTHORITY: KRS 156.035, 156.070, 20 U.S.C. 6320, 7844, 7883

NECESSITY, FUNCTION, AND CONFORMITY: This administrative regulation establishes complaint procedures pursuant to Sections 1117, 8304, and 8503 of the Elementary and Secondary Education Act of 1965 (ESEA) as amended by the Every Student Succeeds Act. Section 8304 of ESEA requires the Kentucky Department of Education (department) to adopt written procedures for the receipt and resolution of complaints alleging violations of law in the administration of programs under ESEA. Sections 1117 and 8503 of ESEA require the department to resolve complaints related to equitable services to nonpublic school children.

Section 1. Complaints Against a Local Education Agency. (1) Complaints related to equitable services to nonpublic school children shall be governed by Section 3 of this administrative regulation.

(2) Complaints originating at the local level alleging a violation by a local education agency (LEA) of a federal statute or regulation that applies to a program under ESEA shall be decided by the department only after ***being [such complaints have been]*** filed and decided[heard] at the local level in accordance with local education agency policy.

(3) A complaint not resolved at the local level may be submitted to the department by mail at the following address: Kentucky Department of Education, c/o ESEA Complaints, 300 Sower Boulevard – 5th Floor, Frankfort, Kentucky 40601.

(4) Complaints mailed to the department shall be in the form of a written, signed statement that includes:

(a) A statement that a requirement that applies to an ESEA program has been violated by the LEA and that the complaint has been filed and decided by the LEA;

(b) The facts on which the statement is based, a description of the nature of the problem, and the specific ESEA requirement(s) allegedly violated by the LEA;

(c) A signature and contact information for the complainant; and

(d) A potential resolution of the problem to the extent it is known and available to the complainant at the time of the filing.

(5) Upon receipt of a complaint, the department shall carry out an investigation if necessary. During the investigation period:

(a) The complainant and the LEA shall each have an opportunity to submit additional information about any allegation in the complaint;

(b) The LEA shall have an opportunity to respond to the complaint, including making a proposal to resolve ***it [such]*** amicably; and

(c) Any on-site investigation, if deemed necessary by the department, shall be made following adequate advance notice to the parties involved and may include the gathering of information through:

1. Direct observation;
2. Interviews; or
3. Examination of records.

(6) Within forty-five (45) days of receiving a complaint, the department shall issue a written decision for each allegation in the complaint. If exceptional circumstances exist with respect to a particular complaint, an extension of the time limit may be granted by the department. Written decisions issued by the department shall include:

(a) A description of applicable statutory and regulatory requirements;

(b) A description of the procedural history of the complaint;

(c) Findings of fact supported by citation, including page numbers, to supporting documents;

(d) Legal analysis and conclusion;

(e) Corrective actions, if applicable;

(f) A statement of appeal rights, if applicable;

(g) A statement regarding the department's determination about whether it will provide services;  
and

(h) All documents reviewed by the department in reaching its decision, paginated consecutively.

(7) The complainant or LEA shall have a right to request the Commissioner, or his designee, reconsider the written decision issued pursuant to ~~to~~ subsection (6) ***of this section***. To initiate reconsideration, the complainant or LEA shall send, by certified mail to the department, a written request within fifteen (15) days of the issuance of the department's decision issued pursuant to ~~to~~ subsection (6) ***of this section***. The request for reconsideration ***shall [must]*** include reference to the specific finding(s) of fact, conclusion(s) of law, or corrective action(s) included in the decision issued pursuant to subsection 6 that the party requesting reconsideration disagrees with, as well as the specific reasons the findings are believed to be in error. Written reconsideration decisions issued by the department shall include:

(a) A description of applicable statutory and regulatory requirements;

(b) A description of the procedural history of the complaint;

(c) Findings of fact supported by citation, including page numbers, to supporting documents;

(d) Legal analysis and conclusion;

(e) Corrective actions, if applicable;

(f) A statement of appeal rights, if applicable;

(g) A statement regarding the department's determination about whether it will provide services;  
and

(h) All documents reviewed by the department in reaching its decision, paginated consecutively.

(8) Following the receipt of a request pursuant to subsection (7) ***of this section***, the Commissioner, or his designee, shall reconsider the specific findings of fact, conclusions of law, and corrective actions contained in ***the*** department's decision ***pursuant to [in]*** subsection (6) ***of this section*** and identified in the ***request [regulation]*** for reconsideration, and shall issue a final written decision for each allegation in the complaint within thirty (30) days.

- (9) Following the final determination on a complaint, the LEA shall take any required corrective action. To ensure compliance, the department may use one (1) or more of the following methods:
- (a) A corrective action plan for the LEA;
  - (b) Follow-up visits by department staff to determine whether the LEA is taking the required corrective action;
  - (c) Repayment of previously dispersed funds or withholding of future funds; or
  - (d) To the extent permissible under ESEA and other applicable laws and regulations, any corrective action necessary to ensure compliance.

Section 2. Complaints Against the State Education Agency. (1) Appeals relating to the department's accountability classification of a school or district shall be governed by 703 KAR 5:240 and not by this administrative regulation.

(2) Complaints related to equitable services to nonpublic school children shall be governed by Section 3 of this administrative regulation.

(3) All other complaints originating at the state level alleging a violation by the department[~~state education agency (SEA)~~] of a federal statute or regulation that applies to a program under ESEA shall be submitted to the department by mail at the following address: Kentucky Department of Education, c/o ESEA Complaints, 300 Sower Boulevard – 5th Floor, Frankfort, Kentucky 40601.

(4) Complaints mailed to the department shall be in the form of a written, signed statement that includes:

(a) A statement that a requirement that applies to an ESEA program has been violated by the department[~~SEA~~];

(b) The facts on which the statement is based, a description of the nature of the problem, and the specific ESEA requirement allegedly violated by the department;

(c) A signature and contact information for the complainant; and

(d) A potential resolution of the problem to the extent it is known and available to the complainant at the time of the filing.

(5) Upon receipt of a complaint, the department shall follow the same procedures outlined in Section 1 of this administrative regulation to the extent practicable.

Section 3. Complaints Related to Equitable Services to Nonpublic School Children. (1) Complaints related to equitable services to nonpublic school children shall be submitted to the nonpublic school ombudsman by mail at the following address: Kentucky Department of Education, c/o Nonpublic School Ombudsman, 300 Sower Boulevard – 5th Floor, Frankfort, Kentucky 40601.

(2) Complaints mailed to the nonpublic school ombudsman shall be in the form of a written, signed statement that includes:

(a) A statement that 20 U.S.C. 7881 has been violated by the department[~~SEA~~], an LEA, an education service agency, a consortium of those agencies, or other applicable entity;

(b) The facts on which the statement is based and a description of the nature of the problem;

(c) A signature and contact information for the complainant; and

(d) A potential resolution of the problem to the extent it is known and available to the complainant at the time of the filing.

(3) Upon receipt of a complaint, the nonpublic school ombudsman shall carry out an investigation if necessary. During the investigation period:

(a) The complainant and the department[SEA], LEA, education service agency, consortium of those agencies, or other entity shall each have an opportunity to submit additional information about any allegation in the complaint;

(b) The department[SEA], LEA, education service agency, consortium of agencies, or other entity shall have an opportunity to respond to the complaint, including making a proposal to resolve ***it*** ***[such]*** amicably; and

(c) Any on-site investigation, if deemed necessary by the department, shall be made following adequate advance notice to the parties involved and may include the gathering of information through:

1. Direct observation;

2. Interviews; or

3. Examination of records.

(4) Within forty-five (45) days of receiving a complaint, the nonpublic school ombudsman shall issue a final written decision for each allegation in the complaint.[-] Written decisions issued by the department ***shall [must]*** include:

(a) A description of applicable statutory and regulatory requirements;

(b) A description of the procedural history of the complaint;

(c) Findings of fact supported by citation, including page numbers, to supporting documents;

(d) Legal analysis and conclusion;

(e) Corrective actions, if applicable;

(f) A statement of appeal rights, if applicable;

(g) A statement regarding the department's determination about whether it will provide services; and

(h) All documents reviewed by the department in reaching its decision, paginated consecutively.

Section 4. Appeals to the United States Secretary of Education. An involved party may appeal the final written decision of the department under Section[Sections] 1, 2, or 3 of this administrative regulation to the United States Secretary of Education (Secretary) to the extent permissible under ESEA and in accordance with written procedures developed and implemented by the Secretary. Appeals submitted to the secretary ***shall [must]*** include the following:

(1) A clear and concise statement of the parts of the department's decision being appealed, if applicable;

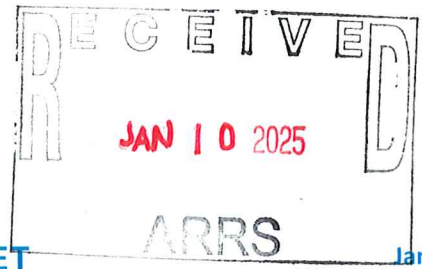
(2) The legal and factual basis for the appeal;

(3) A copy of the complaint filed with the department;

(4) A copy of the department's written resolution to the complaint being appealed, if ***[one-is]*** available, including all documents reviewed by the department in reaching its decision, paginated consecutively; and

(5) Any supporting documentation not included as part of the department's written resolution of the complaint being appealed.

CONTACT PERSON: Todd G. Allen, General Counsel, Kentucky Department of Education, 300 Sower Boulevard, 5th Floor, Frankfort, Kentucky 40601, phone 502-564-4474, fax 502-564-9321, email regcomments@education.ky.gov.



Andy Beshear  
GOVERNOR

EDUCATION AND LABOR CABINET

Jamie Link  
SECRETARY

500 Mero Street, 3rd Floor  
Frankfort, Kentucky 40601  
Phone (502) 564-3070

January 10, 2025

Senator Stephen West  
Representative Derek Lewis  
083, Capitol Annex  
702 Capitol Avenue  
Frankfort, Kentucky 40601

Dear Co-Chairs:

After consideration of the issues raised by 787 KAR 1:010 and 787 KAR 1:370, the Office of Unemployment Insurance proposes the suggested substitutes to the respective regulations.

Respectfully submitted,

Charles Wheatley  
Deputy General Counsel  
Education and Labor Cabinet  
500 Mero Street, 3<sup>rd</sup> Floor  
Frankfort, Kentucky 40601

**SUGGESTED SUBSTITUTE**

**EDUCATION AND LABOR CABINET  
Office of Unemployment Insurance**

**787 KAR 1:010. Application for employer account; reports.**

RELATES TO: KRS ~~336.248~~, 341.070, 341.190, 341.243, 341.250, 341.262

STATUTORY AUTHORITY: KRS [~~336.015, 336.050,~~]341.115[, ~~2021 Ky Acts Ch. 169 Part 1(l)(7)~~]

NECESSITY, FUNCTION, AND CONFORMITY: KRS 341.115(1) authorizes the secretary to promulgate administrative regulations for the proper administration of KRS Chapter 341. KRS 341.190(2) requires each employing unit to keep specified work records and authorizes the secretary to require additional reports. This administrative regulation establishes the application requirements for an employer account and the requirements for other additional reports required by the office.

Section 1. Each employing unit that has met one (1) or more of the requirements for coverage set forth in KRS 341.070 or ~~KRS 336.248~~ shall use the Unemployment Insurance Self-Service Web Portal located at <https://kewes.ky.gov> to complete and electronically file with the Office of Unemployment Insurance an Application for Unemployment Insurance Employer Reserve Account UI-1 no later than the last day of the calendar quarter in which the coverage requirements are first met.

Section 2. Each employing unit shall use the Unemployment Insurance Self-Service Web Portal located at <https://kewes.ky.gov> to complete and electronically file with the Office of Unemployment Insurance the following electronic reports as required in accordance with the instructions contained on Unemployment Insurance Self-Service Web Portal:

- (1) UI-1P, Professional Employer Organization Application for Unemployment Insurance Employer Reserve Account;~~;~~
- (2)~~(1)~~ UI-1S, Supplemental Application for Unemployment Insurance Employer Reserve Account;
- (3)~~(2)~~ UI-3.2, Account Status Information; and
- (4)~~(3)~~ UI-21, Report of Change in Ownership or Discontinuance of Business in Whole or Part.

Section 3. Each employing unit shall complete and file with the Office of Unemployment Insurance the following reports as required in accordance with the instructions contained on the forms:

- (1) UI-3, Employer's Quarterly Unemployment Wage and Tax Report;
- (2) UI-74, Application for Partial Payment Agreement;
- (3) UI-203, Overpayment and Fraud Detection; and
- (4) UI-412A, Notice to Employer of Claim for Unemployment Insurance Benefits.

Section 4. If an employing unit elects to submit the information required in any report listed in Section 3 of this administrative regulation through the Web site at <https://kewes.ky.gov> provided by the Office of Unemployment Insurance for that purpose, the requirement for the filing of that report shall have been satisfied.

Section 5. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) UI-1, "Application for Unemployment Insurance Employer Reserve Account", Rev. 2021;

(b) UI-1P, "Professional Employer Organization Application for Unemployment Insurance Employer Reserve Account", **Rev. 2024**;

(c)[(b)] UI-1S, "Supplemental Application for Unemployment Insurance Employer Reserve Account", Rev. 2021;

(d)[(c)] UI-3, "Employer's Quarterly Unemployment Wage and Tax Report", Rev. 11/20;

(e)[(d)] UI-3.2, "Account Status Information", Rev. 2021;

(f)[(e)] UI-21, "Report of Change in Ownership or Discontinuance of Business in Whole or Part", Rev. 2021;

(g)[(f)] UI-74, "Application for Partial Payment Agreement", Rev. 5/11;

(h)[(g)] UI-203, "Overpayment and Fraud Detection", Rev. 01/2021; and

(i)[(h)] UI-412A, "Notice to Employer of Claim for Unemployment Insurance Benefits", Rev. 09/18.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Office of the Director of Unemployment Insurance, Mayo-Underwood Building, 500 Mero Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. and is also available on the office's Web site at <https://kcc.ky.gov/Pages/Reports-and-forms.aspx>.

Material Incorporated by Reference:

Please file a copy of the new UI-1P form with the Regulations Compiler.



PEO  
 Reserve  
 787 1:010  
 FORM A



**Business Type:** PEO Regular Business **Confirmation Number:** 335017

<b>Name and Address</b>					
Business Name:	Test PEO	Legal Name:	Test PEO	Zip Code:	40601
FEIN:	111111111	Address Line 1:	123 ABC St	City:	FRANKFORT
Fax:		Address Line 2:		State:	KY
Email:	test@ky.gov			Country:	United States
Telephone:	5555555555				
Business Contact:	Test	Title:	Test	Email:	test@ky.gov
Phone:	5555555555	Ext:			

I elect to enroll in electronic benefit claim notifications, and acknowledge future notifications will be sent to the email address provided.

Contribution Method:

PEO Reserve Account       Client Reserve or Reimbursing Account

Do you have workers who perform services for your business whom you consider to be self-employed or independent contractors?  
 Yes  No

Do you have workers who receive 1099 forms, instead of W-2 forms?  Yes  No  
 If Yes, how many?

How will you be filing your Quarterly Tax and Wage Reports?

Electronic Filing on website  
 File through a third party administrator, CPA, Payroll Provider

<b>Industry Description</b>		
Specific Industry Area:	Industry Description:	NAICS Code:
PEO	PEO	561330
Have you registered with the Kentucky Secretary of State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
State of Incorporation: KY		
Date of Organization: 01/01/2025		

**¡IMPORTANTE!** Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento.  
**INMEDIATAMENTE** necesario, por favor de ir a la oficina de Kentucky Career Center, si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, puede encontrar su oficina local en: [kcc.ky.gov](http://kcc.ky.gov)



**Owners**

SSN	First Name	MI	Last Name	Title	Address	City, State, Zip Code, Country	Email
555555555	Test		Test	Test	123 ABC St	FRANKFORT ,KY 40601 ,United States	

**Business Location**

Number of Locations: 1

Address	City, State, Zip Code	Location Phone No.	No. of Workers
123 ABC St	FRANKFORT, KY 40601		0

**Liability**

Prior to beginning employment in Kentucky, were you subject in current or preceding year under the unemployment compensation laws of another state, US. territory, or Canadian Province?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please select the state from the drop-down list box:	TN
Date you first employed a worker in Kentucky (month/day/year)	
Date you first paid wages in Kentucky (month/day/year)	
Do you expect to have a quarterly payroll of at least \$1,500.00?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 01/18/2025
Do you expect to employ at least one worker in 20 different calendar weeks during a calendar year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date you first engaged a Kentucky Employer	01/01/2025



**STATEMENT OF ACKNOWLEDGEMENT**

- I agree to notify the Kentucky Office of Unemployment Insurance if I close, cancel, sell, transfer, or restructure my business, or if the business has new ownership. (The Office monitors payroll shifts from one business to another. Penalties may be imposed for trying to manipulate a business's unemployment tax rate.)
  
- I understand that I must file and pay quarterly tax reports electronically, and reports for clients must be filed separately, using each client's assigned KEIN. Only Kentucky employees working directly for the PEO will be reported using the PEO's KEIN.
  
- I understand that the Kentucky Office of Unemployment Insurance charges fees for quarterly reports that are submitted late: a \$25 fee for late reports filed within 30 days of the due date, a \$75 fee for reports filed over 30 days late, and a \$100 penalty fee for multiple late reports in the same calendar year. This applies to the PEO account, as well as each individual client account. (A report is considered incomplete and is not filed if its is missing an employee wage listing or does not report the entire wage listing).

**ELECTRONIC SIGNATURE**

I agree, under penalty of perjury, that I have examined the statements and information entered in this registration application and that they are true, correct, and complete to the best of my knowledge. I also acknowledge that I am authorized to execute this transaction on behalf of the employing unit.

FIRST NAME : Test  
MIDDLE INITIAL:  
LAST NAME: Test  
TITLE: Test  
SUBMISSION DATE: 12/27/2024



## CONFIRMATION PAGE

You have successfully completed your application for a Kentucky Unemployment Insurance Reserve Account.

Your confirmation # is: 335017

### **What's Next?**

The UI Tax Staff will review your registration and assign a Kentucky Employer Identification Number (KEIN) to your account. All applications are processed in the order in which they are received. Applications are usually processed within 1-2 business days, but may take longer during peak times at the end of a reporting quarter.

### **Notices You Will Receive**

Once your application has been processed, you will receive the following notices in the mail, usually within 3-5 business days:

- ◆ **NOTICE OF SUBJECTIVITY**– This notice will inform you of your assigned KEIN and that you are a subject employer for Kentucky unemployment taxes based on your type of business. It will also show you the required tax rate(s) to utilize when filing your quarterly reports.

### **Other Notices You May Receive Depending on Registration**

- ◆ **LETTER OF GOOD STANDING**– This notice informs you that you are in good standing with the Office of Unemployment Insurance and owe no delinquent reports or taxes.
- ◆ **NOTICE OF CONTRIBUTION RATE** – This notice is usually mailed out in December of the current year and displays the following year's tax rate.
- ◆ **NOTICE OF ACCOUNT TRANSFER** – This notice informs you another business' reserve account has been transferred to your reserve account.
- ◆ **NOTICE OF PREDECESSOR DELINQUENCY**– This notice informs you that the business you acquired still owes the Office delinquent taxes. As a successor, you may be responsible for these delinquent taxes.

### **When do I File and Pay My Quarterly Reports?**

Your quarterly report and payment are due by the last day of the month following the end of each calendar quarter. For example, a report for the 1st Quarter (January - March) should be filed and paid by April 30th. Electronic filing and payments are strongly encouraged.

For more information on the Kentucky Unemployment Insurance program, please view our Employer guide at <https://kcc.ky.gov/career/If-you-are-an-Employer/Documents/EmployerGuide.pdf>



**EDUCATION AND WORKFORCE DEVELOPMENT CABINET  
OFFICE OF UNEMPLOYMENT INSURANCE**

**NOTICE TO ALL USERS**

You are attempting to access a Commonwealth of Kentucky governmental information system. The Kentucky Division of Unemployment Insurance monitors all usage of this site in order to prevent any fraudulent or unauthorized activities.

Any unauthorized use of this system or schemes to establish fictitious employer accounts, file fictitious employer reports, or fraudulently claim unemployment benefits will be referred to local, state and federal authorities and may result in prosecution by the Office of Inspector General.

For security purposes, we have obtained your login attempt below:

I acknowledge that I am authorized to execute this transaction on behalf of the employing unit and the statements and information entered into this information system will be true, correct, and complete to the best of my knowledge.



Client **FORM B**  
Reserve  
787 1:010



<b>Business Type:</b> PEO Regular Business			<b>Confirmation Number:</b> 335018		
Name and Address					
Business Name:	Test PEO	Legal Name:	Test PEO	Zip Code:	40601
FEIN:	111111111	Address Line 1:	123 ABC St	City:	FRANKFORT
Fax:		Address Line 2:		State:	KY
Email:	test@ky.gov			Country:	United States
Telephone:	5555555555				
Business Contact:	test	Title:	test	Email:	test@ky.gov
Phone:	5025555555	Ext:			
<input checked="" type="checkbox"/> I elect to enroll in electronic benefit claim notifications, and acknowledge future notifications will be sent to the email address provided.					
Contribution Method: <input type="checkbox"/> PEO Reserve Account <input checked="" type="checkbox"/> Client Reserve or Reimbursing Account					

Do you have workers who perform services for your business whom you consider to be self-employed or independent contractors?  
 Yes  No

Do you have workers who receive 1099 forms, instead of W-2 forms?  Yes  No  
 If Yes, how many?

How will you be filing your Quarterly Tax and Wage Reports?  
 Electronic Filing on website  
 File through a third party administrator, CPA, Payroll Provider

Industry Description		
Specific Industry Area:	Industry Description:	NAICS Code:
PEO	PEO	561330
Have you registered with the Kentucky Secretary of State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State of Incorporation: TN Date of Organization: 12/03/2024		

**¡IMPORTANTE!** Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento.  
**¡INMEDIATAMENTE!** necesario, por favor de ir a la oficina de Kentucky Career Center, si necesita asistencia para traducir y entender la información contenida en el documento(s) que recibió, puede encontrar su oficina local en: kcc.ky.gov



Owners							
SSN	First Name	MI	Last Name	Title	Address	City, State, Zip Code, Country	Email
555555555	test		test	test	123 ABC St	FRANKFORT ,KY 40601 ,United States	

Business Location			Number of Locations: 1
Address	City, State, Zip Code	Location Phone No.	No. of Workers
123 ABC St	FRANKFORT, KY 40601		0

Liability	
Prior to beginning employment in Kentucky, were you subject in current or preceding year under the unemployment compensation laws of another state, US. territory, or Canadian Province?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please select the state from the drop-down list box:	
Date you first employed a worker in Kentucky (month/day/year)	
Date you first paid wages in Kentucky (month/day/year)	
Do you expect to have a quarterly payroll of at least \$1,500.00?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 01/15/2025
Do you expect to employ at least one worker in 20 different calendar weeks during a calendar year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 05/14/2025
Date you first engaged a Kentucky Employer	01/01/2025





**STATEMENT OF ACKNOWLEDGEMENT**

- I agree to notify the Kentucky Office of Unemployment Insurance if I close, cancel, sell, transfer, or restructure my business, or if the business has new ownership. (The Office monitors payroll shifts from one business to another. Penalties may be imposed for trying to manipulate a business's unemployment tax rate.)
  
- I understand that I must file and pay quarterly tax reports electronically, and reports for clients must be filed separately, using each client's assigned KEIN. Only Kentucky employees working directly for the PEO will be reported using the PEO's KEIN.
  
- I understand that the Kentucky Office of Unemployment Insurance charges fees for quarterly reports that are submitted late: a \$25 fee for late reports filed within 30 days of the due date, a \$75 fee for reports filed over 30 days late, and a \$100 penalty fee for multiple late reports in the same calendar year. This applies to the PEO account, as well as each individual client account. (A report is considered incomplete and is not filed if its is missing an employee wage listing or does not report the entire wage listing).

**ELECTRONIC SIGNATURE**

I agree, under penalty of perjury, that I have examined the statements and information entered in this registration application and that they are true, correct, and complete to the best of my knowledge. I also acknowledge that I am authorized to execute this transaction on behalf of the employing unit.

FIRST NAME : test  
MIDDLE INITIAL:  
LAST NAME: test  
TITLE: test  
SUBMISSION DATE: 12/27/2024



## CONFIRMATION PAGE

You have successfully completed your application for a Kentucky Unemployment Insurance Reserve Account.

Your confirmation # is: **335018**

### **What's Next?**

The UI Tax Staff will review your registration and assign a Kentucky Employer Identification Number (KEIN) to your account. All applications are processed in the order in which they are received. Applications are usually processed within 1-2 business days, but may take longer during peak times at the end of a reporting quarter.

### **Notices You Will Receive**

Once your application has been processed, you will receive the following notices in the mail, usually within 3-5 business days:

- ◆ NOTICE OF SUBJECTIVITY– This notice will inform you of your assigned KEIN and that you are a subject employer for Kentucky unemployment taxes based on your type of business. It will also show you the required tax rate(s) to utilize when filing your quarterly reports.

### **Other Notices You May Receive Depending on Registration**

- ◆ LETTER OF GOOD STANDING– This notice informs you that you are in good standing with the Office of Unemployment Insurance and owe no delinquent reports or taxes.
- ◆ NOTICE OF CONTRIBUTION RATE – This notice is usually mailed out in December of the current year and displays the following year's tax rate.
- ◆ NOTICE OF ACCOUNT TRANSFER – This notice informs you another business' reserve account has been transferred to your reserve account.
- ◆ NOTICE OF PREDECESSOR DELINQUENCY– This notice informs you that the business you acquired still owes the Office delinquent taxes. As a successor, you may be responsible for these delinquent taxes.

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Your quarterly report and payment are due by the last day of the month following the end of each calendar quarter. For example, a report for the 1st Quarter (January - March) should be filed and paid by April 30th. Electronic filing and payments are strongly encouraged.

For more information on the Kentucky Unemployment Insurance program, please view our Employer guide at <https://kcc.ky.gov/career/If-you-are-an-Employer/Documents/EmployerGuide.pdf>



**EDUCATION AND WORKFORCE DEVELOPMENT CABINET  
OFFICE OF UNEMPLOYMENT INSURANCE**

**NOTICE TO ALL USERS**

You are attempting to access a Commonwealth of Kentucky governmental information system. The Kentucky Division of Unemployment Insurance monitors all usage of this site in order to prevent any fraudulent or unauthorized activities.

Any unauthorized use of this system or schemes to establish fictitious employer accounts, file fictitious employer reports, or fraudulently claim unemployment benefits will be referred to local, state and federal authorities and may result in prosecution by the Office of Inspector General.

For security purposes, we have obtained your login attempt below:

I acknowledge that I am authorized to execute this transaction on behalf of the employing unit and the statements and information entered into this information system will be true, correct, and complete to the best of my knowledge.

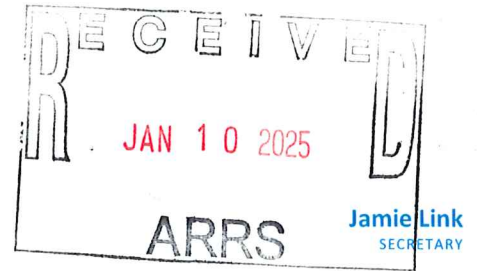




Andy Beshear  
GOVERNOR

## EDUCATION AND LABOR CABINET

500 Mero Street, 3rd Floor  
Frankfort, Kentucky 40601  
Phone (502) 564-3070



January 10, 2025

Senator Stephen West  
Representative Derek Lewis  
083, Capitol Annex  
702 Capitol Avenue  
Frankfort, Kentucky 40601

Dear Co-Chairs:

After consideration of the issues raised by 787 KAR 1:010 and 787 KAR 1:370, the Office of Unemployment Insurance proposes the suggested substitutes to the respective regulations.

Respectfully submitted,

A handwritten signature in black ink that reads "Chs Wheatley".

Charles Wheatley  
Deputy General Counsel  
Education and Labor Cabinet  
500 Mero Street, 3<sup>rd</sup> Floor  
Frankfort, Kentucky 40601

**SUGGESTED SUBSTITUTE**

**EDUCATION AND LABOR CABINET  
Office of Unemployment Insurance**

**787 KAR 1:370. Professional Employer Organizations.**

RELATES TO: KRS 336.232~~[Professional Employer Organizations reporting and contribution obligations.]~~

STATUTORY AUTHORITY: KRS 336.248, 341.115~~[-336.248, 336.232]~~

NECESSITY, FUNCTION, AND CONFORMITY: KRS 341.115(1) authorizes the secretary to promulgate administrative regulations for the proper administration of KRS Chapter 341. KRS 336.248 requires professional employer organizations to make certain reports and contributions to the unemployment insurance fund. This administrative regulation provides the procedures to file client unemployment insurance wage and premium reports,~~;~~ the procedures to complete the "Professional Employer Organization Application for Unemployment Insurance Employer Reserve Account" form,~~;~~ the procedures to add or delete clients,~~;~~ the effect of successorship,~~;~~ and the procedures to change the professional employer organization's contribution election.

Section 1. Definitions

- (1) ~~[The term]~~ "Client" is defined by KRS 336.232(1).
- (2) ~~[The term]~~ "Covered employee" is defined by KRS 336.232(4).
- (3) ~~[The term]~~ "Professional employer organization" or "PEO" is defined by KRS 336.232(8).

Section 2. Professional Employer Organization reporting requirements

(1) A professional employer organization (~~hereafter-~~"PEO") shall keep separate records and submit separate state unemployment insurance wage and premium reports to the Office of Unemployment Insurance (OUI) using the Unemployment Insurance Self-Service Web Portal located at <https://kewes.ky.gov>, with payments to report the covered employees of each client by using the client's state employer account number as provided for in subsection (2) and using the:

- (a) Assigned tax rate of the PEO, per KRS 336.248(1)(a); or
- (b) Assigned tax rate of the client~~[-as that term is defined in KRS 336.232(1)]~~, per KRS 336.248(1)(b).

(2)

(a) For each PEO having one (1) or more covered employees with a client in this state, ~~the[such]~~ PEO shall file an electronic application titled, UI-1P, "Professional Employer Organization Application for Unemployment Insurance Employer Reserve Account", incorporated in 787 KAR 1:010, using the Unemployment Insurance Self-Service Web Portal located at <https://kewes.ky.gov>.

~~(b)~~ To apply for an account number,~~;~~ the application shall include:

1. The federal identification number of the professional employer organization, along with the name, address, and phone number of the professional employer organization;
2. The name, physical address, and phone number of each client in a format as prescribed by the Office of Unemployment Insurance;
3. The name of the client's owner, partners, corporate officers, limited liability company members, and managers, if board managed, or general partners;

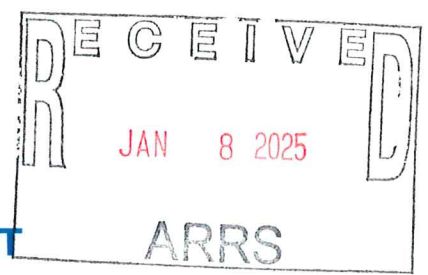
4. The federal identification number of the client;
5. A brief description of the client's major business activity; and
6. Any other information ~~[which may be]~~ required by the Office of Unemployment Insurance.

~~(c)~~~~(b)~~ The PEO shall notify the Office of Unemployment Insurance (OUI) in writing of any additions or deletions of clients during the quarter in which **a change occurs**~~[such changes occur]~~. Written notifications shall be submitted to the OUI via the methods listed at <https://kewes.ky.gov>.

~~(d)~~~~(e)~~ In cases where the PEO has not been subject to the provisions set forth in KRS 336.248, the professional employer organization shall be assigned the new employer premium rate based upon the reserve ratio of the PEO's industrial classification.

Section 3. Effect of successorship. A PEO shall not be considered a successor employer to any client and shall not acquire the experience history of any client with whom there is not any common ownership, management or control. The client, upon terminating its relationship with the PEO, shall not be considered a successor employer to the PEO and shall not acquire any portion of the experience history of the aggregate reserve account of the PEO with whom there is not any common ownership, management, or control. For purposes of this regulation, the existence of a professional employer agreement, without other evidence of common control, shall not constitute common ownership, management, or control.

Section 4. Change of contribution election. KRS 336.248(5) permits a PEO to change its contribution election under KRS 336.248 (1)(a) or KRS 336.248(1)(b) only once. The change of contribution election shall be submitted in writing via the methods listed at <https://kewes.ky.gov>.



## EDUCATION AND LABOR CABINET

**Andy Beshear**  
Governor

**Department of Workplace Standards**  
**Kimberlee C. Perry**  
Commissioner  
500 Mero Street, 3<sup>rd</sup> Floor  
Frankfort, Kentucky 40601  
(502) 564-3070

**Jamie Link**  
Secretary

January 8, 2025

Stephen West  
Derek Lewis  
Legislative Research Commission  
083, Capitol Annex  
702 Capitol Avenue  
Frankfort, Kentucky 40601

Dear Co-Chairs:

After consideration of the issues raised by 803 KAR 2:110, the Department of Workplace Standards proposes the attached suggested substitute to this ordinary regulation.

Sincerely,

Standards Specialist  
Department of Workplace Standards  
KY Labor Cabinet  
Mayo-Underwood Building, 3<sup>rd</sup> Floor  
500 Mero Street  
Frankfort, KY 40601



**EDUCATION AND LABOR CABINET**  
**Department of Workplace Standards**  
**Division of Occupational Safety and Health Compliance**  
**Division of Occupational Safety and Health Education and Training**

**803 KAR 2:110. Employer and employee representatives.**

RELATES TO: KRS 338.111, 338.171

STATUTORY AUTHORITY: KRS 338.051, 338.061, 29 C.F.R. 1903.8(a), (c)

NECESSITY, FUNCTION, AND CONFORMITY: KRS.338.051(3) requires the Kentucky Occupational Safety and Health Standards Board to promulgate occupational safety and health administrative regulations and authorizes the chairman to reference federal standards without board approval if necessary to meet federal time requirements. KRS 338.061 authorizes the board to establish, modify, or repeal standards and reference federal standards. This administrative regulation establishes employer and employee representation during an inspection.

Section 1. Definitions.

- (1) "Compliance safety and health officer" means a person authorized by the commissioner to conduct occupational safety and health inspections or investigations.
- (2) "Employee" is defined by KRS 338.015(2).
- (3) "Employer" is defined by KRS 338.015(1).

Section 2. Representatives of Employers and Employees.

- (1) The compliance safety and health officer shall be in charge of the inspection and questioning of persons.
- (2) A representative of the employer and a representative authorized by her or his employees shall be given an opportunity to accompany the compliance safety and health officer.
- (3) The compliance safety and health officer may permit additional employer representatives and additional representatives authorized by employees to accompany her or him if she or he determines it aids the inspection.
- (4) A different employer and employee representative may accompany the compliance safety and health officer during each different phase of an inspection if it does not interfere with the conduct of the inspection.
- (5) The compliance safety and health officer shall have authority to resolve all disputes as to who is the representative authorized by the employer and employees.
- (6) If there is no authorized representative of employees, or if the compliance safety and health officer is unable to determine with reasonable certainty who is the representative, she or he shall consult with a reasonable number of employees concerning matters of safety and health in the workplace.
- (7) The representative or representatives authorized by employees may[shall] be an employee of the employer or a third party.
- (8) If the authorized representative is not an employee of the employer, the representative may accompany the Compliance Safety and Health Officer during the inspection if[if], in the judgment of the Officer[compliance safety and health officer], good cause has been[is] shown why accompaniment by a third party[~~such as a safety professional or industrial hygienist, who is not an employee of the~~

employer] is reasonably necessary to the conduct an effective and thorough physical inspection of the workplace (including but not limited to, **in accordance with 29 C.F.R. 1903.8(c)**, because of their relevant knowledge, skills, or experience with hazards or conditions in the workplace or similar workplaces, or language or communication skills)[, ~~the third party may accompany the compliance safety and health officer during the inspection~~].

(9) A compliance safety and health officer may consult with employees concerning matters of occupational safety and health necessary for an effective and thorough inspection.

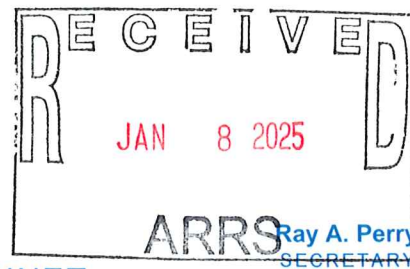
(10) During the course of an inspection, any employee shall be afforded an opportunity to bring any violation of KRS Chapter 338 that she or he has reason to believe exists in the workplace to the attention of the compliance safety and health officer.

(11) The compliance safety and health officer shall be authorized to deny accompaniment to any person whose conduct interferes with the inspection.

(12) Accompaniment in areas containing trade secrets shall be **in accordance with**~~[subject to]~~ KRS 338.171.

(13) Only persons authorized access to information classified by an agency of the United States government may accompany a compliance safety and health officer in areas containing information.

CONTACT PERSON: Robin Maples, OSH Standards Specialist, Education and Labor Cabinet, Mayo-Underwood Building, 500 Mero Street, 3rd Floor, Frankfort, Kentucky 40601, phone (502) 564-4107, fax (502) 564-4769, email robin.maples@ky.gov.



**Andy Beshear**  
GOVERNOR

**Jacqueline Coleman**  
LIEUTENANT GOVERNOR

**PUBLIC PROTECTION CABINET**  
**Kentucky Department of Housing, Buildings and Construction**

500 Mero Street, First Floor  
Frankfort, KY 40601  
Phone: (502) 573-0365

**Max Fuller**  
COMMISSIONER

**David Moore**  
DEPUTY COMMISSIONER

January 8, 2025

Senator Stephen West  
Representative Derek Lewis  
083 Capitol Annex  
702 Capitol Avenue  
Frankfort, KY 40601

Dear Co-Chairs:

After consideration of the issues raised by 815 KAR 35:060, the Department of Housing, Buildings and Construction proposes the attached suggested substitute to this ordinary regulation.

Sincerely,

Jonathon M. Fuller, Commissioner  
Department of Housing, Buildings and Construction  
500 Mero Street, First Floor  
Frankfort, KY 40601

**SUGGESTED SUBSTITUTE**

**PUBLIC PROTECTION CABINET  
Department of Housing, Buildings and Construction  
Division of Electrical**

**815 KAR 35:060. Licensing of electrical contractors, master electricians, and electricians.**

RELATES TO: KRS Chapter 13B, 164.772(3), 227.480, 227A.010, [~~227A.060,~~]227A.100, 227A.140, 339.230, 29 C.F.R. 570

STATUTORY AUTHORITY: KRS 227A.040(1), (8), 227A.060, 227A.100(9)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 227A.040(1) requires the Department of Housing, Buildings and Construction to administer and enforce KRS 227A.010 to 227A.140 and evaluate the qualifications of applicants for electrical licensure. KRS 227A.040(8) authorizes the Department of Housing, Buildings and Construction to promulgate administrative regulations to establish procedures governing the licensure of electrical contractors, master electricians, and electricians. KRS 227A.060(4)(b) requires the department to promulgate administrative regulations pursuant to KRS Chapter 13A that establish an application form for the use of military experience to apply toward electrical licensure. KRS 227A.100(9) authorizes the department to promulgate administrative regulations governing an inactive license. This administrative regulation establishes the eligibility requirements and application procedures for the licensing of electrical contractors, master electricians, and electricians.

Section 1. Initial Application Requirements.

(1) Filing the application.

(a) Electrical contractor. An applicant seeking an electrical contractor's license shall submit to the department:

1. A completed Electrical Contractor's License Application, Form EL-2;
2. An application fee of ~~\$400~~[\$200] for a biennial[~~twelve (12) month~~] license;
3. The name and license number of the master electrician affiliated with the applicant; and
4. Proof of insurance as required by KRS 227A.060(1)(c).

(b) Master Electrician. An applicant seeking a master electrician license shall submit to the department:

1. A completed Electrical License Application, Form EL-3;
2. An application fee of ~~\$200~~[\$100] for a biennial[~~twelve (12) month~~] license; and
3. Proof of the applicant's experience as **required**[~~established~~] by KRS 227A.060(2)(b) and this administrative regulation.

(c) Electrician. An applicant seeking an electrician license shall submit to the department:

1. A completed Electrical License Application, Form EL-3;
2. An application fee of ~~\$100~~[~~fifty (50) dollars~~] for a biennial[~~twelve (12) month~~] license; and
3. Proof of the applicant's experience as **required**[~~established~~] by KRS 227A.060(3)(b) and this administrative regulation.

(d) The application fees may be prorated for not less than thirteen (13)[~~seven (7) months or more than eighteen (18)~~] months and shall expire on the final day of the applicant's birth month.

(2) Photograph requirement. All electrical license applicants shall submit a passport-sized color photograph of the applicant taken within the past six (6) months.

(3) Voiding of application.

(a) The initial application shall remain pending until all requirements are met, up to a period of one (1) year after the date the application is submitted.

(b) At the end of the one (1) year, the application shall be void.

Section 2. Reciprocity. An applicant for reciprocity shall:

(1) Comply with:

(a) The requirements established in the reciprocity agreement between Kentucky and the state in which the applicant is licensed; **and**

(b) The general application requirements in Section 1 ~~[(2)]~~ of this administrative regulation;

(2) Provide:

(a) A copy of the applicant's license from the participating jurisdiction [state]; **and**

(b) A letter of good standing from the licensing authority of the jurisdiction [state] in which the applicant is currently licensed; and

(3) If applying for an electrical contractor's license, **provide** proof of insurance as required by KRS 227A.060(1)(c).

Section 3. Verification of Experience.

(1) Records of experience. Proof of experience shall be provided by:

(a) Tax returns or other official tax documents that indicate the applicant's occupation or the nature of the applicant's business activities, including Federal Schedule C, Form 1040, Form 1099, or local occupational tax returns;

(b) A copy of a business license issued by a county or municipal government that did not issue electrical contractor's, master electrician's, or electrician's licenses prior to June 24, 2003, if the business license indicates the applicant operated as an electrical contractor or worker;

(c) A sworn affidavit, on the affiant's letterhead, certifying that the affiant has personal knowledge that the applicant has engaged in electrical work under the scope of the National Electrical Code, NFPA 70 ~~[incorporated by reference in 815 KAR 7:120 and 815 KAR 7:125,]~~ from at least one (1) of the following:

1. An electrical workers union;

2. A licensed electrical contractor and licensed master electrician the applicant was or currently is employed by; ~~[-or]~~

3. An industrial manufacturing facility or natural gas pipeline facility the applicant was or currently is employed by; or

4. An electrical training program that has been approved by the department pursuant to 815 KAR 35:090 and is an apprenticeship program registered in accordance with 787 KAR 3:010; **or** ~~[-]~~

(d) ~~A completed [form ELM-1, ]Military Experience for Electrical Licensure, Form ELM-1, and documentation in accordance with KRS 227A.060(4) for military experience applicable towards electrical licensure. [Records of a branch of the United States Armed Forces that indicate the applicant performed a function that primarily involved electrical work. Experience gained while in the military shall be deemed to have been earned in Kentucky.]~~

(2) An applicant for a master electrician license or electrician license attending an accepted electrical training program in accordance with 815 KAR 35:090 shall provide with his or her application:

(a) An affidavit from the director or authorized agent of the electrical training program confirming the applicant's participation in the electrical training program; and

(b) Documentation that the applicant has completed the required number of hours in accordance with 815 KAR 35:090.

(3) Additional proof of experience shall be requested by the department, prior to or after licensing, if the department has reason to believe that the experience shown is insufficient or nonexistent.

(4) ~~Except for military experience, experience applicable towards electrical licensure shall consist of electric work under the scope of the National Electrical Code, NFPA 70. [One (1) year of electrical experience shall consist minimally of 1,600 hours of electrical work under the scope of the National Electrical Code, NFPA 70, incorporated by reference in 815 KAR 7:120 and 815 KAR 7:125, in a continuous twelve (12) month period.]~~

#### Section 4. Examinations.

(1) An applicant for an electrical contractor's license, master electrician's license, or electrician's license shall pass, with a minimum score of seventy (70) percent, an examination administered by an approved examination provider.

(2) A passing score shall be valid for a period of three (3) years.

(3) Reasonable accommodations shall be made to provide accessibility to disabled applicants, upon request.

(4) For an electrical contractor's license, an applicant that is a business entity shall designate a person to take the examination on behalf of the applicant. The designee shall be:

- (a) An owner of the applicant's business;
- (b) An officer of the applicant's business;
- (c) A director of the applicant's business; or
- (d) A full-time employee of the applicant's business.

(5) Upon application by a testing agency, a national code group, or by an applicant for licensure, the department may recognize another examination as equivalent to an examination administered by an approved examination provider. The person or group submitting the examination shall demonstrate that the examination covers the same material and requires the same level of knowledge as the approved examinations.

#### Section 5. Appeal Procedure.

(1) An applicant denied a license may appeal the decision to the commissioner of the department. The applicant shall submit written notice of the appeal to the department within ten (10) business days of receiving notice that the license application has been denied.

(2) The appeal shall be conducted pursuant to KRS Chapter 13B by a hearing officer appointed by the commissioner of the department.

#### Section 6. Proof of Insurance.

(1) An electrical contractor's insurance policy shall name the department as the certificate holder.

(2) The applicant shall provide proof of workers' compensation insurance by providing:

- (a) An insurance certificate from an insurance provider approved by the Kentucky Department of Insurance; or
- (b) A notarized statement that the applicant is not required to obtain workers' compensation coverage and the reason why the coverage is not required.

(3) Each electrical contractor shall require the contractor's liability and workers' compensation insurers to provide notice to the department if a policy:

- (a) Is cancelled, terminated, or not renewed; or
- (b) Limit is lowered.

- (4) An electrical contractor shall advise the department of:
- (a) A change in the contractor's insurance coverage, including cancellation or termination of any policy;
  - (b) A change in the insurer providing the coverage; or
  - (c) Changed circumstances that require the contractor to obtain coverage.

#### Section 7. Inactive License Status.

- (1) A licensee may request that a license be placed in inactive status.
- (2) An electrical contractor whose license is in inactive status shall not be required to maintain liability insurance or provide proof to the department of compliance with workers' compensation laws.
- (3) A certified electrical inspector may be licensed as an electrical contractor, master electrician, or electrician, but shall maintain that license as inactive while having an active electrical inspector certification.
- (4) A licensee shall not perform electrical work while the license is inactive. Performing electrical work that requires a license while holding an inactive license shall be grounds for revocation or suspension of all electrical licenses and certifications held by the licensee.

#### Section 8. Renewal Requirements.

- (1) A license shall be valid for two (2) years~~[one (1) year]~~ and shall be renewed on or before the last day of the licensee's birth month in the second year. For electrical contractor licenses issued to corporations, partnerships, or business entities without a birth month, the renewal shall occur on or before the last day of the month the license was issued in the second year.
- (2) Filing for renewal. An electrical contractor, a master electrician, or an electrician shall submit to the department:
  - (a) A completed ~~[form DHBC L-1,]~~ Licensing Renewal Application, **Form DHBC L-1;**
  - (b) A renewal fee of:
    - 1. ~~\$400~~\$200 for an electrical contractor;
    - 2. ~~\$200~~\$100 for a master electrician; and
    - 3. ~~\$100~~Fifty (50) dollars for an electrician;
  - (c) Proof of ~~[annual-]~~continuing education in accordance with KRS 227A.100(7) and 815 KAR 2:010; and
  - (d) Proof of insurance as required by KRS 227A.060(1)(c) and this administrative regulation for an electrical contractor.
- (3)
  - (a) A licensee who is in inactive status shall be exempt from biennial~~[annual]~~ renewal.
  - (b) An inactive license shall be reactivated upon payment of the biennial~~[annual]~~ renewal fee, the reactivation fee, and upon compliance with the continuing education requirements established in 815 KAR 2:010.

#### Section 9. Reinstatement and Late Fees.

- (1) Application, renewal, reinstatement, and late fees shall not be refundable.
- (2) The reinstatement fee for a terminated license pursuant to KRS 227A.100(4) shall be equal to the license renewal fee and shall be paid in addition to the license renewal fee.
- (3) The late renewal fee shall be fifty (50) dollars. If all documents required to be submitted for renewal are postmarked on or before the last day of the renewal month, the filing shall be considered timely, and a late fee shall not be assessed.

#### Section 10. Change of information.

(1) An electrical contractor and a master electrician shall notify the department of any change to the name of the electrical contractor's or master electrician's business and its address, employer, and the employer's address each time a change of information is made.

(2)

(a) Except as stated in subsection (3) of this section, if an electrical contractor designated by an entity as established in Section 4(4) of this administrative regulation leaves the employment or no longer maintains an interest in that entity, the entity shall designate another person who either:

1. Has passed the electrical contractor's examination; or
2. Successfully passes the electrical contractor's examination within thirty (30) days.

(b) Failure to have a designee that has passed the examination shall render the licensee no longer qualified to be licensed.

(3) Death of an electrical contractor or master electrician.

(a) If the electrical contractor or master electrician representing a company dies, the company shall notify the department within ten (10) days of the electrical contractor's or master electrician's death.

(b) The 180-day interim period established in KRS 227.480 and KRS 227A.140 shall begin on the date the electrical contractor or master electrician dies.

(c) The company shall not be required to renew the deceased's electrical contractor or master electrician license if the license renewal date falls within the 180-day interim period.

(d) The company shall not use the deceased electrical contractor's or master electrician's license after the expiration date of the interim period.

(e) The company shall notify the department when the company has a replacement electrical contractor or master electrician to represent the company on or before the expiration date of the interim period.

#### Section 11. Provisional License.

(1) Application. An applicant seeking a provisional electrician license shall submit to the department:

- (a) A completed Provisional **Electrician's**[**Electrical**] License Application, Form [7] EL-14;
- (b) An application fee of fifty (50) dollars;
- (c) A passport-sized color photograph of the applicant taken within the past six (6) months; and
- (d) Proof of the applicant's experience as **required**[**established**] by KRS ~~227A.060(5)(a)~~[227A.060(4)(a)2], **which**:-

**(e) The Proof requested in paragraph (d) of this subsection]** shall be satisfied with the documents listed in Section 3(1) of this administrative regulation.

(2) Responsibilities. A provisional electrician license holder shall have the same rights and responsibilities as an electrician licensed pursuant to KRS 227A.060(3) and this administrative regulation.

(3) Termination.

(a) A provisional electrician license shall be valid for one (1) year from the date of issuance. The provisional electrician license shall immediately terminate on the date of the one (1) year anniversary of the issuance of the provisional electrician license.

(b) **Upon termination**, the provisional electrician license holder shall no longer have the rights and responsibilities of an electrician licensed pursuant to KRS 227A.060(3) and this administrative regulation. The provisional electrician license holder shall revert to the individual's unlicensed status before the issuance of the provisional license.

#### Section 12. Incorporation by Reference.

(1) The following material is incorporated by reference:

- (a) "Electrical Contractor's License Application", Form EL-2, October 2024[May 2020];



(b) "Electrical License Application", Form EL-3, October 2024~~[May 2020]~~;

~~(c)~~~~(d)~~ [f] "Licensing Renewal Application", Form DHBC L-1, October 2024~~[April 2023.]~~

(d) "Military Experience for Electrical Licensure", Form ELM-1, October 2024; and

~~(e)~~~~(e)~~ "Provisional ***Electrician's***~~[***Electrical***]~~ License Application", Form EL-14, October 2024~~[May 2020; and]~~

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department of Housing, Buildings, and Construction, Electrical Licensing, 500 Mero Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. and is available online at <http://dhbc.ky.gov/Pages/default.aspx>.