

Commonwealth of Kentucky Department of Workers' Claims EDI Vendor Application

The undersigned, hereby applies for certification as an EDI vendor pursuant to 803 KAR 25:165,
and states the following under oath:

Applicant: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Member of IAIABC? Yes No

Does Vendor have SFTP Site: Yes No

If yes, please provide SFTP Site: _____

If no, Kentucky will provide SFTP after application submission. _____

Trading Partners/Clients: (minimum of 8 required) Please Attach List to this application

Vendor Business Contact	
Name:	
Phone:	
Email:	
Title:	

Vendor Technical Contact	
Name:	
Phone:	
Email:	
Title:	

Applicant

Submitted By: _____

Title: _____