



Kansas Attorney General

Derek Schmidt

Private Detective Licensing Unit

120 SW 10th Avenue, 2nd Floor

Topeka, KS 66612-1597

PHONE: (785) 296-4240 • FAX: (785) 368-6468

www.ag.ks.gov

FIREARM PERMIT – RENEWAL APPLICATION

1. Name: _____ Detective Lic. #: _____
(Print Last name, first name, middle name or initial)

Name of agency or d/b/a (doing business as) name: _____

Business mailing address: _____
(Print street, city, zip code)

Residential address: _____
(Print street, city, zip code)

Telephone numbers: _____ / _____ / _____ / _____
Work Home Cell Phone Fax

2. Explain the need to carry a firearm in your work as a private detective. _____

Is it necessary for you to carry a firearm in order to protect your life or property, or to protect the life or the property of your clients?

Yes No

3. Within each of the past 2 years, have you:

(a) satisfactorily completed a minimum of 2 clock-hours of training conducted by a certified firearms trainer in any of the following areas?

Yes No

Check any area completed.

- _____ Instruction in lawful use of force by a private detective, including concepts of civil liability and criminal culpability;
- _____ weapons fundamentals and safety;
- _____ marksmanship fundamentals and safety procedures;
- _____ care, cleaning and maintenance of weapons;
- _____ familiarization instruction in basic weapon retention and disarming techniques;
- _____ familiarization instruction in daylight, dim light and darkness shooting; and
- _____ instruction and shooting exercises with semi-automatic pistols or revolvers;

(b) satisfactorily completed a daylight course of fire that required you to fire 35 out of 50 rounds into the center mass portion of the National Rifle Association TQ-19 target in a static position which varied from a minimum of 3 feet to a maximum of 75 feet?

Yes No

Name of certified trainer who provided training and certified satisfactory completion of course of fire:

(Certified firearms instructor's name)

For a current list of Certified Firearms Trainers, visit:
<http://ag.ks.gov/docs/default-source/forms/certified-firearms-trainers-for-kansas-private-detectives.pdf>

Attach a 'Notice of Completion' training form to this application.

**Note: If you were a law enforcement officer within the past 24 months, attach a copy of your firearms training.
K.S.A.75-7b17(a)(2)(A)**

4. Identify **all** firearms for which you are applying for a firearm permit:

<u>Make or Manufacturer</u>	<u>Model</u>	<u>Serial Number</u>	<u>Caliber</u>	<u>Barrel Length</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

The above information is true and correct to the best of my knowledge.

Date

Signature of applicant

Application fee for a firearm permit is \$50.00. Make money order, cashier check or personal check payable to the Attorney General. Mail the completed firearm permit application, 'Notice of Completion' training form and application fee to Private Detective Licensing, Office of Attorney General, 120 SW 10th Ave, Topeka, Kansas 66612-1597. If you have questions please call 785-296-4240, or email ksagpi@ag.ks.gov.



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FIREARM PERMIT TRAINING – NOTICE OF COMPLETION FORM

This form is to be completed by the firearms trainer.

Name of private detective applicant: _____ License Number: _____
(Print or Type)

Name of certified training instructor: _____
(Print or Type)

Mark which training applies for this applicant:

Initial firearms permit

Renewal of firearm permit

Re-certification (off year training)

Change or addition of a firearm(s)

Education and training course:

Did applicant successfully complete the education & training course? Yes No

Applicant's written examination score: _____

Date(s) of training course: _____

Firing range proficiency: Did applicant successfully fire 35 out of 50 rounds into the center mass portion of the National Rifle Association TQ-19 target in a static position from distances which varied between a minimum of 3 feet to a maximum of 75 feet?

Yes No

Location of training: _____

Location of range (if different from training site): _____

Identify **all** firearms for which the applicant has completed a training course for the applicant's firearm permit:

Manufacture

Model Number

Serial #

Caliber

Barrel Length

1. _____
2. _____
3. _____
4. _____

I hereby certify that the above-named applicant has successfully completed the firearms and lawful use of force class. This is in accordance with the training plan on file at the Office of Attorney General. The above information is true and correct to the best of my knowledge.

Date

Signature of certified firearm instructor

Firearm trainers must submit a completed notice of completion form to the Attorney General whenever an applicant for a firearm permit, an applicant for renewal of a firearm permit or re-certification for the firearm permit has completed a firearm training course. Such notice shall be made within 10 days of the date the training course was completed. A copy of this notice shall be given to the applicant and the firearm trainer shall retain a copy.

Note: Some firearms trainers may have their own version of the 'Notice of Completion Form'. If it contains all pertinent information, it is acceptable.