



# Kansas Attorney General

**Derek Schmidt**

**Private Detective Licensing Unit**

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[www.ag.ks.gov](http://www.ag.ks.gov)

## **FIREARMS TRAINER – INITIAL APPLICATION**

### **Part I: Instructions**

**Please read and be familiar with:**

Criminal Carrying of a Weapon (K.S.A 21-6302)  
Statutes and regulations that pertain to firearm trainer (K.S.A. 75-7b17, 75-7b21;  
K.A.R. 16-5-1, 16-5-4, 16-5-5, 16-6-1, and 16-6-2)

**The following items must accompany your application:**

- ◆ Verification that you are personally qualified and knowledgeable to train private detectives in the handling of firearms by providing a copy of the original certificate of completion of the training course(s), and either (1) a copy of the training course agenda, (2) a statement from the course instructor(s) or (3) an affidavit which verifies the education and training requirements. **Note: Certified trainers must complete 40 hours of training within the two years prior to submission of the initial application; or five years prior to submission of the initial application if the trainer has experience in training persons in the handling of firearms within the two years prior to submitting the application. Applicants must also complete 10 hours of instruction on the use of deadly force.**
- ◆ Your proposed plan of operation for training private detectives in the handling of firearms and the lawful use of force. This plan must be in compliance with Kansas Administrative Regulation 16-5-4.
- ◆ Firearms Trainer Application Worksheet.
- ◆ Two 2" x 2" frontal view (**head & shoulders, no sunglasses or hats**), passport-type color photographs of the applicant taken within the preceding 30 days.
- ◆ \$100.00 application fee. Submit a personal check, money order or cashier's check made payable to the Attorney General. **The application fee is non-refundable.**
- ◆ If you are **not** a licensed private detective, submit two (2) completed applicant (blue) fingerprint cards. Fingerprints must be taken by an officer or employee of a law enforcement agency. Please note that the law enforcement agency may charge a fee for taking the fingerprints. **The attached Waiver Agreement and Statement must be completed and the original submitted with the fingerprint cards.**
- ◆ If you are **not** a licensed private detective, submit five completed 'Certificate of Reference' forms from reputable citizens who have known you for a period of at least five years and who are not related to you by blood or marriage attesting that you are a person of good moral character and reputation. Blank 'Certificate of Reference' forms are provided with this application form.

Upon approval of this application, the certificate will be mailed to you. You will also be provided with an application for firearm permit for use by licensed private detectives, and a notice of completion form for private detectives who complete your firearms training. You may reproduce this application and form. The certificate will be valid two years from the date of issuance. It will be renewable every two years.

Please direct questions to Private Detective Licensing, Office of Attorney General, (785) 296-4240, or e-mail [ksagpi@ag.ks.gov](mailto:ksagpi@ag.ks.gov).

**Mail completed application, fee and all attachments to:**

Private Detective Licensing  
Office of Attorney General  
120 SW 10<sup>th</sup> Ave  
Topeka, Kansas 66612-1597

**Part II: Applicant Information**

1. Name: \_\_\_\_\_

Business mailing address: \_\_\_\_\_

Complete residential street address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

(Providing your SSN is voluntary, but it is requested pursuant to K.S.A. 74-139 and 74-148 so that, if requested, it may be provided to the Director of Taxation and/or Department of Social and Rehabilitation Services.)

1. Are you 21 or more years of age? Yes No

2. Are you a Kansas licensed private detective? Yes No

If you answered 'Yes', what is your Private Detective License Number? \_\_\_\_\_

3. Have you had a minimum of one-year supervisory experience with any of the following?

A private detective agency Yes No

A private patrol operator Yes No

A proprietary investigative or security organization Yes No

Any federal, U.S. military, state, county or city law enforcement agency Yes No

Specify the agency or organization with which you had the supervisory experience and dates.

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4. Explain why you believe you have sufficient knowledge of detective business to be a suitable person to train private detectives. \_\_\_\_\_

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5. Within the past two years, have you completed a minimum of 40 clock hours of education and training in the handling of firearms through any combination of law enforcement, military or private firearm courses?

Yes No

**If your answer to the above question is “No”:** Within the past five (5) years have you completed a minimum of 40 clock hours of education and training in the handling of firearms through any combination of law enforcement, military or private firearm courses, *plus* experience training persons in the handling of firearms within the past two (2) years?

Yes No

Name of Course

Course Sponsor

Date of Course

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

6. Did your firearms training and education include the following?

Weapons fundamentals and safety Yes No

Marksmanship fundamentals and safety procedures Yes No

Instructions in daylight, dim light and darkness shooting Yes No

Care, cleaning and maintenance of weapons Yes No

Instructions in basic weapon retention and disarming techniques Yes No

Shooting proficiency demonstrated with a firearm Yes No

Teaching or instructing abilities Yes No

7. Have you received 10 clock hours of formal classroom or course of instruction on the lawful use of force?  
Yes No

Specify the program from which you received instruction on the lawful use of force and the date.

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8. Location(s) where you intend to do classroom training and range qualification.

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### APPLICANT'S AFFIDAVIT

**(Must be signed before a Notary Public)**

I, \_\_\_\_\_, of lawful age, being first duly sworn, on my oath,  
(Please print applicant's full name)

state that I am the applicant, herein. I have read and examined the statements made in the above application, including all statements made in any accompanying papers, and that the information contained herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary's Signature

My commission expires: \_\_\_\_\_

## FIREARMS TRAINER APPLICATION CHECK LIST

**APPLICANT:** \_\_\_\_\_

### CHECK LIST –

- A.  Firearms Training Requirement
- Training within two (2) years prior to Application or
  - Training within five (5) years if subsequent training experience within two (2) years prior to application.
- B.  Forty (40) hours of education and training, including:
- Weapons fundamentals and safety
  - Marksmanship and Safety fundamentals
  - Instruction in different lighting conditions
  - Care, cleaning and maintenance of weapon
  - Weapon retention and disarming
  - Shooting proficiency
  - Teaching or instruction ability
- C.  Verification of successful completion of approved firearms training
- Copy of the original certificate of completion.
  - Copy of the training course agenda, statement from instructor, or affidavit from applicant.
- D.  Completion of ten (10) hours instruction in the lawful use of force.
- E.  Good character and reputation
- Licensed private detective
  - Affidavits from five (5) or more individuals who have known applicant for the last five (5) years
  - Two (2) completed fingerprint cards

**NOTES:**



## PLAN OF OPERATION -

NOTES:

- A.  Detailed plan of operation to include
  - Handling of firearms
  - Lawful use of force
  - Descriptive list of all materials and aids to be used
  - Plan that provides sixteen (16) hours of education and training for initial permits
  - Plan that provides two (2) hours of education and training for renewal certificates
  
- B.  Training plan must include:
  - Lawful use of force, civil liability and criminal culpability
  - Weapons fundamentals and safety
  - Marksmanship and safety
  - Care, cleaning and maintenance of weapons
  - Weapon retention and disarming
  - Lighting conditions
  - Instruction and shooting exercise
  
- C.  Written examination:
  - Requires 70 percent to pass
  - Includes areas listed in instruction requirements
  
- D.  Daylight course of fire:
  - 35 of 50 rounds into center mass of NAA TQ-19 target
  - Course specifies varying distances from 3 to 75 feet
  
- E.  Disability provision (optional)

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Initial & Date

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) Office of the Kansas Attorney General to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

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**FBI PRIVACY ACT STATEMENT**

**Authority:**

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).**

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:**

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

**Routine Uses:**

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System

(Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:**

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

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**RIGHT TO OBTAIN AND CHALLENGE ACCURACY  
OF CRIMINAL HISTORY RECORDS**

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternatively, you may obtain a copy of your **Kansas criminal history record information** (CHRI) to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: [http://www.kansas.gov/kbi/info/info\\_brochures.shtml](http://www.kansas.gov/kbi/info/info_brochures.shtml) then find the brochure named "Record Checks for Non-Criminal Justice Purposes". Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation  
Attn: Criminal History Records  
1620 SW Tyler  
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your **national CHRI, also known as the Identity History Summary**, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Or, you may write to:

FBI CJIS Division  
Attn: Criminal History Analysis Team 1  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306



**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

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I have \_\_\_\_ **OR** have not \_\_\_\_ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

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Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information how to challenge my criminal records for accuracy and completeness.

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Signature

Date

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Printed Name

Date of Birth\_\_

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Residential Address

City

State

Zip

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**TO BE COMPLETED BY THE FINGERPRINTING AGENCY:**

Method of Verifying Identity:

Driver's License

State Issued ID Card

Military ID Card

State/Branch: \_\_\_\_\_

ID Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Individual Verifying Identity: \_\_\_\_\_

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***AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.  
2. Must provide a copy to the applicant.***