# 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*


## 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 (both pages) 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@ksag.org.

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

Private Detective Licensing
Office of Attorney General
120 SW 10th 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 Children and Families.)

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.

_____

_____

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

_____

_____

_____

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.

_____

_____

_____

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 –**

**NOTES:**

**A. ☐ Firearms Training Requirement**

- ☐ **Training within two (2) years prior to Application <u>or</u>**
- ☐ **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, <u>or</u> 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**

## 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)**

_____

Initial & Date

**WAIVER AGREEMENT AND STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize the Office of Attorney General Derek Schmidt 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, if any, received on me, and that I am entitled 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, or adoption. 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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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 3805.

| | |
|---|---|
| _____ | _____ |
| Signature | Date |
| _____ | _____ |
| Printed Name | Date of Birth |

_____

Residential Address City State Zip

**WAIVER AGREEMENT AND STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

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

To obtain a copy of your Kansas criminal history record information (CHRI) to review for accuracy and completeness, you must send a set of your fingerprints, a letter requesting your 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/criminalhistory. 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 federal CHRI 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: http://www.fbi.gov/about-us/cjis/background-checks/background_checks. Or, you may write to:

FBI CJIS Division – Record Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

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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**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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**ORIGINAL – MUST BE RETAINED BY AUTHORIZED RECIPIENT**
**COPY – PROVIDED TO SUBJECT OF CRIMINAL HISTORY RECORD CHECK**

## CERTIFICATE OF REFERENCE

Regarding the application of _____
(Print applicant name)

I, _____ subscribe and affirm that: [Read and initial each statement]
(Print full name of reference)

_____ I am a reputable person and citizen of the United States of America.

_____ I am **not** related or connected by blood or marriage to the applicant.

_____ I have personally known the applicant for a period of at least five (5) years.

_____ I have **read his/her application for a private detective license** and believe each of the statements made therein to be true and correct to the best of my knowledge and belief.

_____ The applicant is a person of good moral character and he/she is honest and competent to engage in the business as a private detective.

_____ I recommend that his/her application for a license as a private detective be granted.

**(NOTE: must be dated within four months of the date the application is received for processing)**

_____ _____
Date Signature of Reference

Contact Information for Reference:

Residence Address: _____
(Street, city, zip code)
Employer / Business Name: _____

Employer / Business Address: _____
(Street, city, zip code)
Residence Phone #: _____ Business or Alt Phone #: _____

## VERIFICATION

STATE OF _____

COUNTY OF _____

I, _____, of lawful age, being first duly sworn, upon his/her oath, subscribes and
(Print name of notary)
affirms: That _____ is the person named in the above-captioned Certificate of
(Print name of reference)
Reference; that he/she has read the above and forgoing Certificate of Reference, knows and understands the contents thereof, and states that the statements contained therein are true and correct, according to his/her knowledge, information and belief of the applicant.

Subscribed and sworn to before me this _____ day of _____, _____

_____
Notary's Signature

My commission expires: _____

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