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

PRIVATE DETECTIVE – *RENEWAL* APPLICATION

This application is submitted under oath and must be signed in the presence of a notary public. Knowingly providing false information on this application or any accompanying documents may result in the denial of a license, and subject the applicant to prosecution for the crime of perjury, K.S.A. 21-5903, and amendments thereto, a severity level nine (9) non-person felony, or other applicable criminal charges.

Part I: Instructions

Applicant Name: _____ Date: _____
(Print last name, first name, middle name) (Month, day, year)

Check one of the following:

- ☐ I am renewing my license to engage in private detective business as an *independent private detective.* (Renewal Fee - $175.00)

- ☐ I am renewing my license to engage in private detective business as an *employee of a licensed private detective agency*. (Renewal Fee - $175.00)

- ☐ I am renewing my license as an *owner, officer, director, partner or associate of a licensed private detective agency*. I am engaged in private detective business under the agency license. (Renewal Fee - $100.00)

The 2-year renewal application must be completed in its entirety by all individuals meeting any of the criteria listed above. An incomplete application will result in processing delays. Generally, applications will be processed within 90 days of receipt.

The renewal application must be accompanied by:

- Two (2) frontal view 2"x2" passport-type color photographs of the applicant taken within 30 days before the date of the application. Photos must be of the head & shoulders (no sunglasses or hats).

- Two (2) classifiable sets of the applicant's fingerprints. Fingerprints must be taken on an FBI-approved applicant fingerprint card by an officer or employee of a law enforcement agency. Please note that the law enforcement agency will require a state-issued photo ID and may charge a fee for taking the fingerprints. **The attached Waiver Agreement and Statement (both pages) must be completed at the time of fingerprinting and the original submitted with the fingerprint cards.**

- Applicable Fees. Submit a personal check, money order or cashier's check made payable to the Attorney General. **The application fee is non-refundable.**

- Copy of the applicant's current driver's license or state-issued identification card.

- One copy of all documents evidencing completion of each program of continuing professional education obtained within the biennial renewal period before the applicant/s submission of the renewal application. Licensed private detectives are required to have at least 8 hours of continuing education during the two years preceding renewal.

- Verification of a corporate surety bond in the amount of $100,000 or more OR a certificate of insurance showing general liability insurance providing coverage in the amount of $100,000 or more for bodily injury or property damage caused by negligence and errors or omissions; OR verification of $100,000 or cash deposit with the state treasurer.*

  *Note: An employee, owner, partner, officer, director, or associate of a private detective agency does **not** need to provide verification of a corporate surety bond in the amount of **$100,000** or more; a certificate of insurance showing general liability insurance providing coverage in the amount of **$100,000** or more for bodily injury or property damage caused by negligence and errors or omissions; **OR** verification of **$100,000** or cash deposit with the State Treasurer. However, the private detective agency will need to provide such verification with the agency renewal.

Fees and Application Forms:

A complete schedule of renewal fees and application materials is available at no cost on the Attorney General's website, www.ag.ks.gov. Printed renewal application packets are available through the Private Detective Licensing Unit. A fee of $15.00 must accompany each request for an application packet.

Firearm Permit Renewal:

A firearm permit is optional and requires a separate renewal application form**.** The renewal form is available on the Attorney General's website and is also available through the Private Detective Licensing Unit.

A private detective firearm permit allows a private detective to carry a concealed firearm **only** while actually engaged in the duties of employment as a private detective. It is not a substitute for a concealed carry handgun license issued pursuant to the Kansas Personal and Family Protection Act.

Certificates and Identification Cards:

Upon approval of this application, a license certificate and pocket identification card will be mailed to you. In addition, if you have applied and been approved for a private detective firearm permit, that will be mailed to you as well. The license will be valid for two years from the date of issuance. It will be renewable every two years.

Other Information:

To allow time for processing, please submit the renewal application, required documents and fees **as soon as possible, but no later than the license expiration date. Failure to submit the renewal application prior to expiration may result in a denial of the license renewal, and require the detective to submit a new application for licensure.**

The following statutes and regulations pertaining to the Private Detective Licensing Act are posted on the Attorney General's website at www.ag.ks.gov.

- Private Detective Licensing Act - K.S.A. 75-7b01 et seq.
- Kansas Administrative Regulations - K.A.R 16-1-7 and K.A.R. 16-2-1(a) through K.A.R. 16-6-3
- Criminal Carrying of Weapons - K.S.A 21-6302 (d) (3).

Please direct questions or requests for accommodation to Private Detective Licensing, Office of Attorney General, (785) 296-4240, or email ksagpi@ksag.org.

Mail completed renewal application 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: _____
(Last name, first name, middle name)

Maiden name and/or any alias names used: _____

_____

Residence Address: _____
(Street, city, state & zip code)

Mailing Address (if different from residence): _____
(Street, box #, city, state & zip code)

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____
(Month / day /year)

Social Security Number*: _____ Driver's License #:_____

Private Detective License Number: D-_____

Agency License Number: A-_____

Firearm Permit Number (if applicable): F-_____

Badge Number (if applicable): _____

Firearms Trainer Number (if applicable): T-_____

*Providing a social security number is voluntary, but it is requested pursuant to K.S.A.74-139 and 74-148 and may be provided to the Kansas Director of Taxation for tax purposes and/or the Department of Social and Rehabilitation Services for child support purposes.

2. Provide the following information only if you are engaged in detective business as an independent private detective or an employee of a private detective agency:

(a) Check one: ☐ Independent ☐ Employee

"Independent" private detective means a person who engages in detective business, but who is **not** employed by a licensed private detective agency and does not regularly employ any other person to engage in detective business.

"Employee" private detective means a person who is employed by a licensed private detective agency and engages in private detective business for that agency. This classification does not apply to other employees of the agency if they do not engage in private detective business.

(b) Name under which you are doing business **or** name of employing agency:

_____

(c) Street address of business: _____
(Street number, city, state & zip code)

_____

(d) Business mailing address if different than (c): _____
(Street number, city, state & zip code)

_____

(e) Telephone #: _____ Fax #: _____E-Mail: _____

NOTE: If you are an employee of a private detective agency, you and your employer must complete the attached Statement of Employment.

3. Provide the following information only if you are engaged in private detective business as an owner, officer, director, partner or associate of a licensed private detective agency:

(a) Name of agency: _____Private Detective Agency Number: A-_____
(If agency is currently licensed)

(b) Position with agency: ☐ Owner ☐ Officer ☐ Director ☐ Partner ☐ Associate

(c) Street address of business: _____
(Street, city, state & zip code)

_____

(d) Agency mailing address (if different than street address: _____
(Street, box#, city, state & zip code)

_____

(e) Telephone #: _____Fax #: _____ E-Mail: _____

4. State the general nature of the private detective business in which you are engaged: _____

_____

_____

5. During the past two years have you been licensed as a private detective in another jurisdiction?

☐ Yes ☐ No

If yes, provide the following information (add additional pages if needed):

City or state where licensed: _____ License #: _____

Date(s) of licensure: _____

City or state where licensed: _____ License #: _____

Date(s) of licensure: _____

City or state where licensed: _____ License #: _____

Date(s) of licensure: _____

6. During the past two years have you had a private detective license suspended, revoked or subject to disciplinary action in this or any other jurisdiction?

☐ Yes ☐ No

If yes, please explain the circumstances._____

_____

_____

_____

_____

_____

7. During the past two years have you been denied a private detective license in this state or any other jurisdiction?

☐ Yes ☐ No

If yes, please explain. _____

_____

8. During the past two years have you been an owner, officer, director, partner or associate of a private detective agency which has been denied or subject to disciplinary action in this state or any other jurisdiction?

☐ Yes ☐ No

If yes, please explain._____

_____

9. To your knowledge, during the past two years have you been the subject of a complaint to any department, bureau, board or any other governmental or regulatory body in this state or any other jurisdiction?

☐ Yes ☐ No

If yes, please explain. _____

_____

10. During the past two years have you been found to be incompetent, incapacitated or impaired by reason of mental condition, deficiency or disease?

☐ Yes ☐ No

11. Are you currently addicted, dependent or abusive of alcohol, narcotics or any other controlled substance? "Currently addicted, dependent or abusive of" includes, but is not limited to, evidence of a conviction within the past year for any controlled substance or alcohol related offense.

☐ Yes ☐ No

12. During the past two years have you received inpatient or outpatient treatment for abuse or dependence on alcohol, narcotics or any other controlled substances?

☐ Yes ☐ No

If so, have you received such treatment within the past year?

☐ Yes ☐ No

If you answered yes to questions 10, 11 or 12, please explain in detail, including the name and address of any treatment facility or health care provider. You may be asked to sign a release of information. Use additional page(s) if necessary.

_____

_____

_____

13. Are you currently a law enforcement officer with any federal, state or local law enforcement agency?

☐ Yes ☐ No

14. Do you currently hold a special commission* from any federal, state or local law enforcement agency? "Special Commission" refers to any type of identification issued by a law enforcement agency or law enforcement officer which grants any temporary or permanent law enforcement authority to make arrests or maintain the public peace.

☐ Yes ☐ No

15. During the past two years have you been convicted in any court of a felony? (K.S.A 21-6614 & 38-2312 requires disclosure of all expunged crimes).

☐ Yes ☐ No

16. Within the past two years have you been convicted of any crime, including DUI, in this state or any other jurisdiction?

☐ Yes ☐ No

17. Are you under charges, indictment, or information in any court for a felony, or any other crime?

☐ Yes ☐ No

18. Are you a fugitive from justice? A "fugitive from justice" is anyone who has fled a state in order to avoid prosecution or duties as a testimonial witness.

☐ Yes ☐ No

19. Are you subject to any restraining orders?

☐ Yes ☐ No

If you answered yes to questions 15 through 19, please explain (use additional page(s) if necessary.)*:

_____

_____

_____

*Provide arrest and charging information, title and location of the court (municipal, state or federal), and case disposition information. Provide copies of all pertinent court documents.

20. List your current and previous employers during the past two years. Use additional page(s) if necessary.

CURRENT EMPLOYER: _____Full or Part Time_____

Address: _____

City, State & Zip: _____

Phone number: _____ Dates of Employment: _____
(Beginning month/year - ending month/year)

Occupation:_____ Reason for leaving: _____

PRIOR EMPLOYER: _____Full or Part Time _____

Address: _____

City, State & Zip: _____

Phone number: _____ Dates of Employment: _____
(Beginning month/year - ending month/year)

Occupation:_____ Reason for leaving: _____

PRIOR EMPLOYER: _____Full or Part Time _____

Address: _____

City, State & Zip: _____

Phone number: _____ Dates of Employment: _____
(Beginning month/year - ending month/year)

Occupation:_____ Reason for leaving: _____

PRIOR EMPLOYER: _____Full or Part Time _____

Address: _____

City, State & Zip: _____

Phone number: _____ Dates of Employment: _____
(Beginning month/year - ending month/year)

Occupation:_____ Reason for leaving: _____

PRIOR EMPLOYER: _____Full or Part Time _____

Address: _____

City, State & Zip: _____

Phone number: _____ Dates of Employment: _____
(Beginning month/year - ending month/year)

Occupation:_____ Reason for leaving: _____

PRIOR EMPLOYER: _____Full or Part Time _____

Address: _____

City, State & Zip: _____

Phone number: _____ Dates of Employment: _____
(Beginning month/year - ending month/year)

Occupation:_____ Reason for leaving: _____

RELEASE OF RECORDS
AND OTHER INFORMATION

For the purpose of: (1) applying for a private detective license under the Private Detective Licensing Act, K.S.A. 75-7b01 et seq.; or (2) upon licensure as a private detective, in relation to any complaint filed against me:

I, _____ hereby authorize any former or present employer, school official or
(Print applicant name)
any other person to release any information or records concerning my employment, character, integrity, education and any other information requested by a representative of the Attorney General's Office or a Special Agent or Special Investigator of the Kansas Bureau of Investigation.

_____
Applicant's Signature

_____
Date

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

_____
Notary's Signature

My commission expires: _____

SPECIAL COMMISSION STATEMENT

I, _____, understand that K.S.A.75-7b02(c) provides that unless
(Print applicant name)
expressly exempted from the provisions of the Kansas Private Detective or Security Operations Act, no law enforcement officer, or any person who holds a special commission from any law enforcement agency of the federal government or of the state, or any political subdivision thereof, may be licensed as a private detective or private detective agency. I further understand that special commission refers to any type of identification issued by a law enforcement agency or law enforcement officer which grants, or appears to grant, any temporary or permanent law enforcement authority, including but not limited to deputy, special deputy, special assistant, reserve officer, special officer or honorary officer.

_____
Applicant's Signature

_____
Date

SWORN STATEMENT

(Must be signed before a Notary Public)

I, _____, of lawful age, being first duly sworn, on my oath, do hereby
(Print applicant name)
declare under penalty of perjury that I am the applicant herein and I have read and examined the statements made in the above and forgoing application, including all statements made in any accompanying papers or documents, 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: _____

STATEMENT OF EMPLOYMENT

(Only for applicants employed or to be employed by a private detective agency)

I, _____, applicant for a private detective license, submit that I will be
(print applicant name)

employed (or I am employed), by private detective agency, _____

(located at) _____
(street number, city, state & zip code)
_____

licensed by the State of Kansas under agency license number _____.

_____
Applicant's Signature

_____
Date

_____
Employer's Signature

_____
Employer's name (Printed)

_____
Date

SIGNATURE OF APPLICANT

Using black ink, please sign in the box below:

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).)

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:

_____

_____

_____

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.

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: _____

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