



# Kansas Attorney General

**Kris W. Kobach**

**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](http://www.ag.ks.gov) • [ksagpi@ag.ks.gov](mailto:ksagpi@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 10<sup>th</sup> Ave, Topeka, Kansas 66612-1597. If you have questions please call 785-296-4240, or email [ksagpi@ag.ks.gov](mailto:ksagpi@ag.ks.gov).



# Kansas Attorney General

## Derek Schmidt

**Private Detective Licensing Unit**

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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.