



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 • ksagpi@ag.ks.gov

PRIVATE DETECTIVE – INITIAL 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 intend to engage in private detective business as an *independent private detective*. (Fee - \$250.00)
- I intend to engage in private detective business as an *employee of a licensed private detective agency*. (Fee - \$250.00)
- I am an *owner, officer, director, partner or associate of a licensed private detective agency, or an agency that has made application for licensure*. I intend to engage in private detective business under the agency license. (Fee - \$100.00)
- I am an *individual acting on behalf of an agency; or an owner, officer, director, partner or associate of an agency* applying to become a licensed private detective agency. I do not intend to personally engage in private detective business. Complete this form and attach it to the completed agency application form. No additional fee is required for filling out this application.

This application form 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.

In addition to your completed application form, the following items must be submitted:

- Completed Examination #1 (attached to the application form)
- 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 must be completed at the time of fingerprinting and the original submitted with the fingerprint cards.**
- Five (5) certificates of reference from reputable persons who have known the applicant for at least five years and who are not related to the applicant by blood or marriage. References must attest that the applicant is a person of good moral character and reputation. Copies of the "certificate of reference" are provided with this application form.
- 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.
- Copy of the Form DD214 if the applicant has prior military service.
- 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 fees and application materials is available at no cost on the Attorney General's website, www.ag.ks.gov. Printed 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:

A firearm permit is optional and requires a separate application form. The application form is available on the Attorney General's website and is included in an application packet 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.

Accommodation for Disabilities:

Any individual with a disability may request the Attorney General to provide accommodations in order to complete the testing procedure.

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. *Individuals filling out this form in support of an agency license application, and who do not plan to personally engage in private detective business, will not receive an identification card or license certificate.*

Other Information:

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@ag.ks.gov.

Mail completed 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 #: _____

Have you graduated from high school or earned a GED? Yes No

Have you served in the United States military? Yes No
If yes, provide a copy of your DD214.

Were you honorably discharged? Yes No

Are you a citizen of the United States? Yes No

If not a citizen, are you legally present in the United States? Yes No

If you are not a citizen, please contact Private Detective Licensing at the Office of Attorney General at 785-296-4240 for further instructions.

*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 intend to engage 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 intend to do 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 will be 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 intend to engage 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: _____
(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 intend to engage: _____

5. Are you presently or have you ever 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. Have you ever had your private detective license suspended, revoked or subject to disciplinary action?

Yes No

If yes, please explain the circumstances. _____

7. Have you ever been denied a private detective license in this state or any other jurisdiction?

Yes No

If yes, please explain. _____

8. Have you ever been an 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 have you ever 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. Have you ever 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. Have you ever 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. Even if expunged from your record, have you ever 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 ten (10) years have you ever 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 10 years. Do not include employment prior to age 18. 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: _____

**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

Employer's Signature

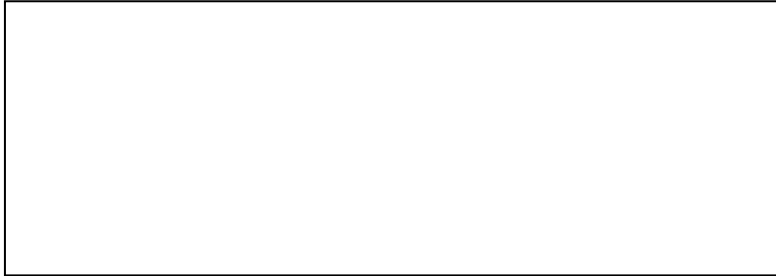
Date

Employer's name (Printed)

Date

SIGNATURE OF APPLICANT

Using black ink, please sign in the box below:

A large, empty rectangular box with a thin black border, intended for the applicant to sign in black ink.

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 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: _____

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 Phone #: _____

VERIFICATION

STATE OF _____

COUNTY OF _____

I, _____, of lawful age, being first duly sworn, upon his/her oath, subscribes and affirms: That _____ is the person named in the above-captioned Certificate of
(Print name of notary) (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: _____

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 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: _____

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 Phone #: _____

VERIFICATION

STATE OF _____

COUNTY OF _____

I, _____, of lawful age, being first duly sworn, upon his/her oath, subscribes and affirms: That _____ is the person named in the above-captioned Certificate of
(Print name of notary) (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: _____

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 Phone #: _____

VERIFICATION

STATE OF _____

COUNTY OF _____

I, _____, of lawful age, being first duly sworn, upon his/her oath, subscribes and affirms: That _____ is the person named in the above-captioned Certificate of
(Print name of notary) (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: _____

**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).)

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).

**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 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.

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 5903.

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

Signature

Date

Printed Name

Date of Birth__

Residential Address

City

State

Zip

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: _____

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

EXAMINATION #1

Name of Applicant

Agency Name (if Applicable)

Date

INSTRUCTIONS

This examination covers the provisions found in:

- The 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 Use of Weapons - K.S.A.21-6302 (d)(3)

There are five (5) true or false questions, five (5) fill in the blank questions, and ten (10) multiple choice questions. To pass this test, you must answer at least eighteen (18) questions correctly. If you do not pass this examination, you must take Examination 2 within thirty (30) days of this date. If you fail Examination 2, you must take Examination 3 within thirty (30) days of taking Examination 2. If you fail all three examinations you must wait one (1) year before reapplying for a private detective license.

Mail the completed examination **with** your private detective license application and other related material to:

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

Upon approval of your private detective application and passing the examination, your private detective license and identification card will be mailed to you.

EXAMINATION #1

I. TRUE OR FALSE - Please mark each answer with a T for True or F for False.

1. _____ Renewal of a firearm permit shall be based on a demonstrated continuing need to carry a firearm.
2. _____ Law enforcement officers must be licensed as private detectives if engaged in the detective business.
3. _____ Bad moral character or bad reputation for truth, honesty and integrity, commission of an act constituting fraud, refusal of a license in this state or any other state, conviction of a felony and making a false statement on the application are all grounds for denial of a license.
4. _____ For a firearm permit, the application shall only contain the manufacturer's name, serial number, and gauge.
5. _____ A private detective license is required to keep complete business records for a minimum of three years.

II. FILL IN THE BLANK – Please write the correct answer in the space provided.

1. _____ means any person who, for any consideration whatsoever, engages in detective business.
2. The private detective license must be posted in a _____ place in the principal place of business of the licensee.
3. An individual licensee, as a condition of license renewal, shall be required to attend not less than _____ hours of continuing education programs.
4. _____ means a person who engages in detective business but who is not employed by a licensed private detective agency and who does not regularly employ any other person to engage in detective business.

5. K.S.A. _____ states that a licensee shall notify the Attorney General in writing within 10 days after closing or changing the location of a branch.

II. MULTIPLE CHOICE – Please write the correct answer in the space provided.

1. _____ An applicant may be denied a private detective license if:
- A. The applicant does not have a high school education or have earned a graduate equivalency degree (GED).
 - B. The applicant is incompetent, incapacitated or impaired by reason of mental condition, deficiency or disease.
 - C. The applicant evidences current addiction to, dependence on or abuse of alcohol or a controlled substance.
 - D. All of the above.
 - E. None of the above.
2. _____ Steve, a licensed private detective, is hired by Melissa to investigate the theft of property from Melissa's home. During the investigation, Steve learns that Melissa gave the alleged stolen property to her boyfriend, Paul. Melissa then filed a claim with her insurance company to be compensated for the "loss". What should Steve do?
- A. Tell Melissa he knows what she is up to.
 - B. Even though he thinks it is a crime to make a false report to an insurance company, Steve can't tell anyone because he is bound by confidentiality to keep the results of his investigation secret.
 - C. Steve knows it is a crime and should report it to the proper authorities, even though it will breach the confidence between Melissa and him.
 - D. Steve should not report it because Melissa wouldn't pay him.
 - E. None of the above.
3. _____ No firearm permit shall be issued to any:
- A. Individual who has been declared, by any court of competent jurisdiction, to be incapacitated or mentally ill.
 - B. Organization
 - C. Individual who suffers from alcohol or narcotics addiction or dependence.
 - D. None of the above.
 - E. All of the above.

4. _____ A licensee may advertise for business provided which of the following requirements are met:
- A. The advertisement does not contain any false, misleading or deceptive information.
 - B. The advertisement explains that jobs are taken on a contingent or percentage basis.
 - C. The advertisement contains information about a “branch office” that is not authorized.
 - D. The advertisement is used outside of the State of Kansas.
 - E. None of the above.
5. _____ Which of the following statements is not correct:
- A. Every private detective or detective agency must keep a complete set of records of the business activities of the detective or agency.
 - B. Records must be kept for five (5) years and the Attorney general may inspect these records and disclose information to the public as desired.
 - C. A violation by the licensee of the rules adopted by the Attorney General is ground for revocation of a license.
 - D. A licensee may not use a uniform or insignia with the intent to give the impression the licensee is part of any level of government.
 - E. An application must be accompanied by five (5) notarized certificates of reference, signed by people who have knowledge of the applicant’s character and who have read the application.
6. _____ Which of the following is/are prohibited by this Act?
- A. Use of a disguise in connection with the activities of the licensee’s business.
 - B. Manufacturing or producing false evidence.
 - C. Use of an alias in connection with the activities of the licensee’s business.
 - D. Use of a firearm permit badge for safety or emergency identification purposes.
 - E. B and C only.
7. _____ Which of the following could be grounds for suspension or revocation?
- A. Making a false statement.
 - B. Violating any provision of the PI Licensing Act.
 - C. Have more than three traffic violations.
 - D. A and B only.
 - E. None of the above.

8. _____ Mary, a private detective, is approached by his long-time friend Larry who requests information regarding a case Mary investigated. What can Mary do?
- A. Mary cannot give Larry the information because she is bound by a confidential relationship with her client.
 - B. Mary can tell Larry the information if Larry is a law enforcement officer who needs the information for a criminal investigation and the information pertains to a criminal offense.
 - C. Mary can tell Larry the information because Larry is a long-time friend and Mary knows he will not tell anyone else.
 - D. Only A and B.
 - E. None of the above.
9. _____ In which K.S.A. shall a licensee be required to attend not less than eight hours of continuing education programs approved by the attorney general?
- A. 75-7b05
 - B. 75-7b04
 - C. 75-7b07
 - D. A and C only
 - E. None of the above
10. _____ Which of the following activities is/are not exemptions from licensure under the Act?
- A. An insurance adjuster.
 - B. Private patrol operators.
 - C. An attorney.
 - D. A person who conducts a detective business for more than one employer.
 - E. All of the above.