



# 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 - *INITIAL* APPLICATION

1. Name: \_\_\_\_\_ Detective Lic. #: \_\_\_\_\_  
(Print Last name, first name, middle name or initial)

Name of agency or d/b/a (doing business as): \_\_\_\_\_

Business mailing address: \_\_\_\_\_  
(Print street, city, zip code)

Residence 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. Have you completed a 16-hour training and education course in the handling of firearms and the lawful use of force from a certified firearms instructor within the past 6 months? **You must attach a 'Notice of Completion' or an acceptable substitute to this application.**  
 Yes  No

An applicant who, within **24 months** before submitting this application for a firearm permit, has successfully completed a **full-time law enforcement officer** basic course of accredited instruction may substitute a certificate with one issued for the basic LEO course.

An applicant who, within **12 months** before submitting this application for a firearm permit, has completed **40 hours of law enforcement education or training** may substitute a certificate with a document showing that the LEO training was completed.

4. Identify **all** firearms for which you are applying for a firearm permit:

Make or Manufacturer                      Model                      Serial Number                      Caliber                      Barrel Length

1. \_\_\_\_\_

2. \_\_\_\_\_

**The above information is true and correct to the best of my knowledge.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of applicant

The application fee for a firearm permit is \$50.00. Submit a personal check, money order, cashier's check or personal check made payable to the Attorney General.

**Please mail the completed firearm permit application, 'Notice of Completion' training form and fee to:**

Private Detective Licensing  
120 SW 10<sup>th</sup> Ave  
Topeka, Kansas 66612-1597.

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

**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>**



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**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. \_\_\_\_\_

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.