



Kansas Attorney General

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Private Detective Licensing Unit

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www.ag.ks.gov

PRIVATE DETECTIVE – RENEWAL APPLICATION (COVID19)

This application is submitted under penalty of perjury via K.S.A. 2019 Supp. 53-601. 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 engaged 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 or Security Operations 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 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 or Security Operations 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.

I declare, verify, certify or state, under penalty of perjury, that the foregoing is true and correct.

Executed this date: _____, 20____.

Applicant's Signature

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

UNSWORN STATEMENT

I, (print name) _____, state that I am the applicant herein seeking to obtain or renew a license as a private detective in Kansas. I have read and examined the statements made by me or anyone else in the above and forgoing application, including all statements made in any accompanying papers.

In accordance with K.S.A. 2019 Supp. 53-601, I hereby declare, verify, certify or state under penalty of perjury that the foregoing is true and correct.

Executed this date: _____, 20____.

Applicant's Signature

STATEMENT OF EMPLOYMENT

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

I, (print applicant name) _____, applicant to obtain or renew a private detective license, submit that I will be, or am already, employed by the private detective agency noted below, which is duly licensed by the State of Kansas as a detective agency.

Applicant Signature

Date: ____/____/_____
(DD/MM/YYYY)

Agency Name: _____ KS Det. Agency #: A - _____

Businesses Address: _____, _____, _____, _____.

Employer's Signature

Date: ____/____/_____
(DD/MM/YYYY)

Employer's name (Printed)

Title: _____

SIGNATURE OF APPLICANT

Using black ink, please sign in the box below:

WAIVER AGREEMENT AND FBI PRIVACY ACT STATEMENT

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) _____ to submit a set of my Office of the Kansas Attorney General 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. 225001, 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, 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).)

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: | <input type="checkbox"/> Driver's License | <input type="checkbox"/> State Issued ID Card |
| State/Branch: _____ | <input type="checkbox"/> Military ID Card | 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.***