STATE OF KANSAS
OFFICE OF THE ATTORNEY GENERAL
Through the KANSAS BUREAU OF INVESTIGATION

INSTRUCTIONS

Application for Certification as Firearm Trainer

Read the enclosed printed material:

Criminal use of Weapons (K.S.A 21-4201)
Statutes and regulations that pertain to firearm trainer (K.S.A. 75-7B17, 75-7b21; K.A.R. 16-5-1, 16-5-4, 16-5-5, 16-6-1, and 16-6-2)

Complete:

Application for Certification as Firearm Trainer

Application must be completed in its entirety. An incomplete application will result in processing delays.

NOTE: These items must accompany your application:

- Verification of successful completion of your training by providing a copy of the original certificate of completion of the course(s), and either (1) a copy of the training course agenda, (2) a statement from the course instructor(s) or (3) an affidavit which verifies the education and training requirements.
- Your proposed plan of operation for training private detectives in the handling of firearms and the lawful use of force. This plan must be in compliance with Kansas Administrative Regulation 16-5-4.
- Firearms Trainer Application Worksheet.
- Two (2) color, front view, photographs (passport size) taken within 30 days before the application is submitted. (Do not were a hat, scarf or other head gear)
- Application fee $100.00. **The application fee is non-refundable.** A personal check, money order, cashiers check make payable to the Kansas Bureau of Investigation. We are able to offer the opportunity to charge any/all private detective licensing fees on your Visa or Master Card credit card. To charge your licensing fees, please complete the credit card form in this packet.
- Pursuant to K.S.A.74-139 and 74-148, you are requested to provide your social security number. Providing your social security number is voluntary. Should you provide it, it may be disclosed to the Director of Taxation and/or the Kansas Department of Social and Rehabilitation Services (SRS) for child support enforcement purposes.
- If you are **not** a licensed private detective, two classifiable sets of fingerprints of the right and left hand taken by a law enforcement agency on blue applicant fingerprint cards provided by Kansas Bureau of Investigation. The name of the agency and the name of the person taking the prints must be clearly identified thereon. Blue applicant fingerprints cards are in this packet.
- If you are **not** a licensed private detective, five 'Certificate of Reference' from reputable citizens who have known you for a period of at least fire years and who are not related to you by blood or marriage attesting

that you are a person of good moral character and reputation. 'Certificate of Reference' forms are in this packet.

General Information:

In completing this application, please bear in mind that any false information submitted on this application or any accompanying documents, or falsification of the fingerprints or photographs, constitutes grounds for denial of the application, and may subject you to criminal prosecution.

Upon approval of this application, the certificate will be mailed to you. You will also be provided with an application for firearm permit for use by licensed private detectives and a notice of completion form for private detectives who complete your firearms training. You may reproduce this application and form. The certificate will be valid two years from the date of issuance. It will be renewable every two years. A renewal application will be mailed to you two months prior to the expiration date.

Mail the application form, supporting documentation and application fee to:

Nicole Dekat, Program Manager
Kansas Bureau of Investigation
Private Detective Licensing
1620 SW Tyler
Topeka, Kansas 66612-1837

STATE OF KANSAS
OFFICE OF THE ATTORNEY GENERAL
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Application for Certification as Firearm Trainer

Name: _____

1. Business mailing address: _____
_____

Complete residential street address: _____

Business phone: _____ Fax number: _____

E-mail: _____ Cell phone number: _____

Date of Birth: _____ SSN: _____

(Providing your SSN is voluntary, but it is requested pursuant to K.S.A. 74-139 and 74-148 so that, if requested, it may be provided to the Director of Taxation and/or Department of Social and Rehabilitation Services.)

2. Are you a Kansas licensed private detective? ☐ Yes ☐ No
If you answered 'Yes', what is your Private Detective License Number? _____

3. Have you had a minimum of one-year supervisory experience with any of the following?
   - A private detective agency ☐ Yes ☐ No
   - A private patrol operator ☐ Yes ☐ No
   - A proprietary investigative or security organization ☐ Yes ☐ No
   - Any federal, US military, state, county or city law enforcement agency? ☐ Yes ☐ No

Specify the agency or organization with which you had the supervisory experience and dates.
_____
_____

4. Explain why you believe you have sufficient knowledge of detective business to be a suitable person to train private detectives. _____
_____
_____
_____

5. Within the past two years, have you completed a minimum of 40 clock hours of education and training in the handling of firearms through any combination of law enforcement, military or private firearm courses?

☐ Yes ☐ No

If your answer to the above question is "No": Within the past five (5) years have you completed a minimum of 40 clock hours of education and training in the handling of firearms through any combination of law enforcement, military or private firearm courses, ***plus*** experience training persons in the handling of firearms within the past two (2) years?

☐ Yes ☐ No

Name of Course	Course Sponsor	Date of Course
a)		
b)		
c)		
d)		

6. Did your training and education include the following?

Weapons fundamentals and safety	☐ Yes ☐ No
Marksmanship fundamentals and safety procedures	☐ Yes ☐ No
Instructions in daylight, dim light and darkness shooting	☐ Yes ☐ No
Care, cleaning and maintenance of weapons	☐ Yes ☐ No
Instructions in basic weapon retention and disarming techniques	☐ Yes ☐ No
Shooting proficiency demonstrated with a firearm	☐ Yes ☐ No
Teaching or instructing abilities	☐ Yes ☐ No

7. In addition have you received 10 clock hours of formal classroom or course of instruction on the lawful use of force? ☐ Yes ☐ No

Specify the program from which you received instruction on the lawful use of force and the date.

_____

_____

_____

Location(s) where you intend to do classroom training and range qualification.

_____

_____

_____

8. If you are NOT a licensed private detective, five complete certificates of references must accompany this application.

I here by certify that the above information is true and correct to the best of my knowledge.

_____ _____

Date Signature of Applicant

APPLICANT'S AFFIDAVIT

(Sign before a Notary Public)

I, _____, state that I am the applicant, herein. I have
(Please print your name)
read and examined the statements made in the above renewal application, including all statements made in any accompanying papers, and 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: _____

CERTIFICATE OF REFERENCE

Regarding the application of _____
(Applicant please print your name)

I, _____ of _____
(Reference please print your full name) (residence address)

_____
(city, state & zip)

_____
(phone number)

employed by _____

_____
(business address)

_____
(city, state & zip)

_____
(phone number) subscribe and affirm that:

[Read and initial each statement]

_____ 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 past.

_____ 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

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 reference 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 _____
(Applicant please print your name)

I, _____ of _____
(Reference please print your full name) (residence address)

_____
(city, state & zip)

_____
(phone number)

employed by _____

_____
(business address)

_____
(city, state & zip)

_____
(phone number) subscribe and affirm that:

[Read and initial each statement]

_____ 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 past.

_____ 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.

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COUNTY OF _____

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

_____
Notary's Signature
My commission expires: _____

CERTIFICATE OF REFERENCE

Regarding the application of _____
(Applicant please print your name)

I, _____ of _____
(Reference please print your full name) (residence address)

_____
(city, state & zip)

_____
(phone number)

employed by _____

_____
(business address)

_____
(city, state & zip)

_____
(phone number) subscribe and affirm that:

[Read and initial each statement]

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_____ 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 past.

_____ 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.

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_____ 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

VERIFICATION

STATE OF _____

COUNTY OF _____

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

_____
Notary's Signature
My commission expires: _____

CERTIFICATE OF REFERENCE

Regarding the application of _____
(Applicant please print your name)

I, _____ of _____
(Reference please print your full name) (residence address)

_____
(city, state & zip)

_____
(phone number)

employed by _____

_____
(business address)

_____
(city, state & zip)

_____
(phone number) subscribe and affirm that:

[Read and initial each statement]

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_____ 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

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 reference 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 _____
(Applicant please print your name)

I, _____ of _____
(Reference please print your full name) (residence address)

_____
(city, state & zip)

_____
(phone number)

employed by _____

_____
(business address)

_____
(city, state & zip)

_____
(phone number) subscribe and affirm that:

[Read and initial each statement]

_____ 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 past.

_____ 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

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 reference 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: _____

Date of Request

- - 2 0

Name on Credit Card

Mailing Address for Credit Card

Street:

City:

State: Zip code:

Expiration Date

-

What is to be billed on the credit card

Check all that apply

- PI Packet
- Application
- Firearm Permit
- Badge/Case
- Renewal
- Misc - explain

Amount to be billed on your credit card

(sample - $250.00)

$.

Visa/MC 16 didget card number

- - -

MANDATORY 3 digit auth. code on back of card

- - - - - - - - - - - -

Phone Number:

- -

Other Information Number:

FIREARMS TRAINER APPLICATION CHECK LIST

APPLICANT: _____

CHECK LIST –

NOTES:

A. ☐ Firearms Training Requirement

- ☐ **Training within two (2) years prior to Application <u>or</u>**
- ☐ **Training within five (5) years if subsequent training experience within two (2) years prior to application.**

B. ☐ Forty (40) hours of education and training, including:

- ☐ **Weapons fundamentals and safety**
- ☐ **Marksmanship and Safety fundamentals**
- ☐ **Instruction in different lighting conditions**
- ☐ **Care, cleaning and maintenance of weapon**
- ☐ **Weapon retention and disarming**
- ☐ **Shooting proficiency**
- ☐ **Teaching or instruction ability**

C. ☐ Verification of successful completion of approved firearms training

- ☐ **Copy of the original certificate of completion.**
- ☐ **Copy of the training course agenda, statement from instructor, <u>or</u> affidavit from applicant.**

D. ☐ Completion of ten (10) hours instruction in the lawful use of force.

E. ☐ Good character and reputation

- ☐ **Licensed private detective**
- ☐ **Affidavits from five (5) or more individuals who have know applicant for the last five (5) years**
- ☐ **Two (2) completed fingerprint cards**

PLAN OF OPERATION -

NOTES:

A. ☐ **Detailed plan of operation to include**

- ☐ **Handling of firearms**
- ☐ **Lawful use of force**
- ☐ **Descriptive list of all materials and aids to be used**
- ☐ **Plan that provides sixteen (16) hours of education and training for initial permits**
- ☐ **Plan that provides eight (8) hours of education and training for renewal certificates**

B. ☐ **Training plan must include:**

- ☐ **Lawful use of force, civil liability and criminal culpability**
- ☐ **Weapons fundamentals and safety**
- ☐ **Marksmanship and safety**
- ☐ **Care, cleaning and maintenance of weapons**
- ☐ **Weapon retention and disarming**
- ☐ **Lighting conditions**
- ☐ **Instruction and shooting exercise**

C. ☐ **Written examination:**

- ☐ **Requires 70 percent to pass**
- ☐ **Includes areas listed in instruction requirements**

D. ☐ **Daylight course of fire:**

- ☐ **35 of 50 rounds into center mass of NAA TQ-19 target**
- ☐ **Course specifies varying distances from 3 to 75 feet**

E. ☐ **Disability provision (optional)**

_____

Initial & Date

STATE OF KANSAS
OFFICE OF THE ATTORNEY GENERAL
Through the KANSAS BUREAU OF INVESTIGATION

Firearm Permit Application

1. Name: _____
(Print Last name, first name, middle name or initial)

Agency you are with or DBA (doing business as) name: _____
Business mailing address: _____
_____

Residential address: _____
_____

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? ☐ Yes ☐ No

An applicant who, within **24 months** before submitting this application for a firearm permit, has successfully completed a **full-time officer** basic course of accredited instruction may substitute a certificate that verifies this.

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

Attach a 'Notice of Completion' for firearm training form to this application.

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

Application fee for a firearm permit is $50.00. Make money order, cashier check or personal check payable to the Kansas Bureau of Investigation. We now have the ability to charge any/all private detective licensing fee(s) on your Visa or Master Card credit card. Mail the completed firearm permit application, 'Notice of Completion' training form and application fee to Kansas Bureau of Investigation, Private Detective Licensing, 1620 SW Tyler, Topeka, Kansas 66612-1837. If you have questions please call Nicole Dekat at 785-296-4436.

Notice of Completion Form

FIREARM PERMIT TRAINING

STATE OF KANSAS
OFFICE OF THE ATTORNEY GENERAL
Through the KANSAS BUREAU OF INVESTIGATION

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
Range location: _____

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 Kansas Bureau of Investigation. The above information is true and correct to the best of my knowledge.

_____ _____
Date Signature of certified firearm instructor

Firearm trainers shall furnish notice to the Attorney General through the Kansas Bureau of Investigation when 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 within 10 days of the date the training course. A copy of this notice shall be given to the applicant and the firearm trainer shall retain a copy.

Please note your firearms trainer may have his/her own 'Notice of Completion Form'. If it contains all pertinent information, it is acceptable.