

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 wear a hat, scarf or other head gear)
- ◆ Application fee \$100.00. **The application fee is non-refundable.** A personal check, money order, cashier's 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 five 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 Heptig, Program Manager
Kansas Bureau of Investigation
Private Detective Licensing
1620 SW Tyler
Topeka, Kansas 66612-1837

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

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
A private patrol operator	<input type="checkbox"/> Yes <input type="checkbox"/> No
A proprietary investigative or security organization	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any federal, US military, state, county or city law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

<u>Name of Course</u> <u>Course</u>	<u>Course Sponsor</u>	<u>Date of</u>
--	-----------------------	----------------

- a) _____
b) _____
c) _____
d) _____

6. Did your training and education include the following?

Weapons fundamentals and safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marksmanship fundamentals and safety procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instructions in daylight, dim light and darkness shooting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Care, cleaning and maintenance of weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instructions in basic weapon retention and disarming techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shooting proficiency demonstrated with a firearm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Teaching or instructing abilities	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

