



COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD LICENSURE FOR
PRIVATE INVESTIGATORS
PO BOX 1360
FRANKFORT KY 40602
(502) 892-4257 PHONE
(502) 564-4818 FAX

PRIVATE INVESTIGATOR COMPANY – APPLICANT INSTRUCTIONS

REMOVE THIS PAGE BEFORE YOU COPY OR SUBMIT YOUR APPLICATION – RETAIN THIS INFORMATION FOR YOUR RECORDS

READ AND COMPLETE EACH PORTION OF THIS APPLICATION CAREFULLY.

READ ALL INSTRUCTIONS CAREFULLY!

Date Application Mailed/Submitted to State: _____

FEEES

Fingerprint / Criminal History Background Check	\$ 33.25
Company, Partnership, or Incorporation License	\$ 400.00
Sole Proprietorship License	\$ 100.00

You may not work as a private investigator until your Private Investigator License has been issued.

Average processing time for this application is 2-3 months. **IF YOU FAIL TO RESPOND TO ANY CORRESPONDENCE FROM THE BOARD, YOUR APPLICATION WILL BE CLOSED OR DENIED.** Any application that has been on file with the Board for a period of more than six (6) months, without diligent effort on the applicant's part to continue the application process, will be closed. Thereafter, should licensure be sought, a new application and fee will be required.

Applicants for a private investigation company license must be at least twenty-one (21) years of age.

A licensee or applicant shall notify the Board within thirty (30) days of any change in company affiliation, business address or residence address and telephone number, as well as, any change(s) in the original information supplied upon application.

A private investigation company shall notify the Board **in writing** within thirty (30) days of the death or termination of a private investigator. In the case of termination, the company shall state the reason for the Termination.

AN APPLICANT FOR PRIVATE INVESTIGATION COMPANY LICENSE MUST SUBMIT:

- An application completed in its entirety. The application shall be subscribed and sworn to by the applicant (if the applicant is an individual), by each partner (if the applicant is a partnership), or by the qualifying agent (if the applicant is a corporation) before a duly appointed Notary Public. A list of all persons employed by the company as a private investigator must be included. In addition, the company must provide each employee a "proof of affiliation" letter indicating the person is an employee of the company serving as a private investigator that must be submitted with each individual private investigator license application.
- The licensure fee as stated above is **non-refundable** and must be submitted with the application. The application will not be processed without the required licensure fee. Fee(s) must be paid by check or money order payable to the *Kentucky State Treasurer*. **NO CASH PAYMENTS WILL BE ACCEPTED.**
- Three (3) completed fingerprint cards must be submitted with this application. Prints must be rolled nail-to-nail **ON THE CARDS PROVIDED BY THE BOARD** by a qualified, trained technician. The cards must be completed fully and signed. All questions in the blocks at the top of the card must be answered. Enter N/A if the question does not apply. If you are filing for an individual private investigator, company license, only the owner/qualifying agent's (3) sets of fingerprint cards are required. Individual Private Investigator's fingerprints should be sent with Individual Applications, **along with a certified check or money order in the amount of \$33.25 payable to the Kentucky State Treasurer. NO CASH PAYMENTS WILL BE ACCEPTED. If you require additional fingerprint cards, contact the board office at the number above.**
- If applying as a partnership, **each partner** must provide the required information listed above, with this application.
- If applying as a corporation, the above information must be accompanied with the following:
 - The correct legal name of the corporation, the physical and mailing addresses of the corporate headquarters;
 - State and date of incorporation;
 - Date the corporation qualified to do business in the Commonwealth of Kentucky;
 - The names of at least (2) principal corporate officers or qualifying agents and the business address, residence address and the office held by each in the corporation.
- Unless indicated on the initial application, all branch offices located in or conducting business in the Commonwealth of Kentucky must be licensed by this office. Should a branch office be opened after issuance of the company license, a separate application must be submitted for each additional branch office.

You should keep a photocopy of this application for your own files, before submitting the application to this office.

You may not work in any position requiring licensure by the Board if this application is CLOSED or DENIED for any reason.

Mail To: KENTUCKY BOARD OF LICENSURE FOR PRIVATE INVESTIGATORS
500 Mero St. 2SC 32 (40601)
PO BOX 1360
FRANKFORT, KY 40602-1360



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FOR OFFICIAL USE ONLY	
Application Fee:	_____
Lic No: _____	Iss.Date: _____
Board Review Date:	_____
Approved: _____	Denied: _____

PRIVATE INVESTIGATOR COMPANY – APPLICATION

PLEASE READ INSTRUCTIONS ATTACHED TO THIS APPLICATION. SUBMIT ADDITIONAL INFORMATION FOR ANY ITEM ON A SEPARATE SHEET OF PAPER.

REMOVE INSTRUCTIONS BEFORE SUBMITTING APPLICATION – TYPE OR PRINT ALL AREAS OF THIS APPLICATION

The licensure fee must accompany this application.

1. Type of Application: Initial Application Company Name Change Branch Office
2. Is the application for: A Sole Proprietorship A Partnership A Corporation (LLP, LLC, Inc.)
3. General Information:

 Company Name (The name under which your company will be licensed.)

 Business Address (Physical Location) , City State Zip Code

 Mailing Address (if different than above) City State Zip Code

(_____) _____ (_____) _____
 (Area Code) Business Phone Number (Area Code) Business Fax Number Company's Email Address (if available)

- a. Will you be doing business under any name other than what is listed above? Yes No

If yes, list the exact name under which you will be doing business.

 Company Name (The exact name under which you will be doing business)

b. Individual or Corporate Qualifying Agent applying for licensure: If this is for a partnership, attach a copy of the application with the required information completed for ***EACH*** partner.

Social Security Number	Applicant's Last Name	First Name	Middle Name
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Residence Address (Street) Address, Apt. No.	City	State	Zip Code
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(_____) _____ (Area Code) Home Phone Number	(_____) _____ (Area Code) Home Fax Number	Email Address (if available)
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_____/_____/_____ Date of Birth (M/D/Y)	Place (City, State) of Birth	Drivers License Number	State of Issuance
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Sex (M/F)	Race	Height	Weight	Hair	Eyes
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Have you ever used a name or alias other than shown above? If so please list on the line above.

c. Are you a United States Citizen? Yes No

If not, attach documentation establishing your legal alien status.

d. Other Residences: List all residences you have lived for the past five (5) years. Attach a separate sheet if necessary.

State Address , Apt. No.	City	State	Zip Code	From (Mo./Yr.)	To (Mo./Yr.)
--------------------------	------	-------	----------	----------------	--------------

State Address , Apt. No.	City	State	Zip Code	From (Mo./Yr.)	To (Mo./Yr.)
--------------------------	------	-------	----------	----------------	--------------

4. Qualifying Information:

a. Is this company a corporation?

If yes, provide the following information:

Legal Name of Corporation

Mailing Address of Corporation Headquarters	Web Site Address (if available)
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City	State	Zip Code	Phone Number	FAX Number
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State of Incorporation	Date of Incorporation
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b. Date corporation qualified to do business in the Commonwealth of Kentucky: _____

c. Corporate Officer Information: List below two (2) principal officers.

1. _____
Last First Middle Initial

Social Security Number Office Held in the Corporation

Business Address

City State Zip Code

Business Phone #

Residential Address

City State Zip Code

Home Telephone Number # Email Address

2. _____
Last First Middle Initial

Social Security Number Office Held in the Corporation

Business Address

City State Zip Code

Business Phone#

Residential Address

City State Zip Code

Telephone Number # Email Address

d. Do you plan to license any branch offices in the Commonwealth of Kentucky at this time?

If yes, list each below. Attach an additional sheet if necessary.

Yes No

1. _____
Physical Address/Mailing Address (if different than Physical Address) City State Zip Code

Branch Manager's Name Phone Number Fax Number Email Address (if available)

2. _____
Physical Address/Mailing Address (if different than Physical Address) City State Zip Code

Branch Manager's Name Phone Number Fax Number Email Address (if available)

If applying as a partnership, each partner must complete Questions 6 and 7.

5. Criminal History Information: Answer the following questions completely. Information you provide may not disqualify you for a license. However, all arrests or charges, regardless of disposition, may appear on record return from the Commonwealth of Kentucky Department of State Police and the Federal Bureau of Investigation (FBI). If you answer yes to any of these questions, it will be necessary for you to provide certified documents of the court's final disposition, including suspended or deferred sentences, as well as, a written explanation of the events that surrounded the charges. If the court no longer has these records on file, you must obtain a letter from the judge or court clerk stating so. Failure to fully

disclose all arrest information could disqualify you under ***K.R.S. Statute 329.070 section (1)***.

a. Have you ever been arrested in Kentucky or any other state? Yes No

If yes, what state(s): _____

b. Did you appear before the court and enter a plea of guilty, not guilty or no contest?

Yes No

c. Did the court find you guilty?

Yes No

d. If you were found guilty, what was the sentence of the court? Indicate the fine, time in the county jail or penitentiary, deferred sentence, suspended sentence, or period of probation. List the sentence below.

Date	Charge	Sentence	Probation Completion Date
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Date	Charge	Sentence	Probation Completion Date
------	--------	----------	---------------------------

Date	Charge	Sentence	Probation Completion Date
------	--------	----------	---------------------------

e. Are you currently on a deferred sentence or on probation? Yes No

f. Did the court dismiss the charges against you? Yes No

g. Were those charges against you expunged from your record by the court?

Yes No

If yes, please provide a certified copy of the expungement report

h. Do you currently have charges pending against you? Yes No

If yes, please provide the information requested below, along with an explanation of the circumstances surrounding the charge(s). You are required to provide this office with certified court documents showing the disposition of these charges within thirty (30) days of these charges being resolved by conviction or dismissal. **Attach a separate sheet if necessary.**

Date of Arrest	Charge	Court of Jurisdiction (City, State)	Arraignment/Court Date
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Date of Arrest	Charge	Court of Jurisdiction (City, State)	Arraignment/Court Date
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6. Have you ever served in Military Service?

Yes No

a. If yes, what branch?

b. If you have been discharged from Military Service, what type of discharge did you receive?

Honorable Dishonorable Medical Other (Please Explain)

REQUIREMENT CHECKLIST:

- a. **Notarized Statement of Affiliates:** As required by the Commonwealth of Kentucky include a complete register of all Private Investigator Licensees and Private Investigator License applicants affiliated with (employed by) the Private Investigation Company.
- b. **Three (3) Sets of Classifiable Fingerprints:** Use only those fingerprint cards provided by this office. Prints must be rolled nail-to-nail by a qualified, trained technician. Remember that all information on fingerprint cards **MUST** be completed and signed. *(If you have previously submitted this information, please disregard)*
- c. **The Required Licensure Fee:** Make certified check or money order payable to: Kentucky State Treasurer.
- d. **Administrative Office of the Courts (AOC) Form:** For qualified agent. *(If you have previously submitted this information, please disregard)*
- d. **Authorization for Release of Medical and Psychological Records:** Complete the attached form for release of medical and psychological records.
- e. **Authorization for Release of Records:** Complete the attached form for release of records.

7. STATEMENT OF COMPLIANCE AND UNDERSTANDING: *Read carefully. Application must be signed under oath and notarized.*

I certify that I have read SECTION 1 - 17 KRS CHAPTER 329A, and the corresponding administrative regulations, and am familiar with and understand my legal responsibilities. I understand that this application will not be processed without the proper non-refundable licensure fee.

I understand that any false statement(s) and/or misrepresentation(s) given by me on this application or on any attachments constitutes a violation of **KRS 329A.065 (1)**. Also, non-disclosure of applicable information could result in denial of licensure as a Private Investigator. Therefore, I certify that all answers, statements, and information given herein and on any attachments, are true and correct to the best of my knowledge and belief. Further that I the undersigned did personally complete this application and sign my name in presence of a notary public.

I hereby certify that I understand that should I be charged with an offense other than a minor traffic offense, I am required to notify the Kentucky Board of Licensure for Private Investigators within thirty (30) days of any such charge(s) and of any disposition of said charge(s).

Signature of Owner/Each Partner/Corporate Qualifying Agent

Signature of Owner/Each Partner/Corporate Qualifying Agent

Signature of Owner/Each Partner/Corporate Qualifying Agent

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

Signature of Notary Public

(NOTARY SEAL)

My commission expires: _____

**Authorization for Release of Medical and Psychological
Records to the Kentucky State Board of Licensure for Private Investigators**

I, _____, the undersigned, do hereby authorize the full
print name here

release of any and all medical and psychological records, correspondence, billing information, and medical and psychological reports and evaluations from _____ Licensed/Certified Psychologist, regarding the medical and psychological history, diagnosis, assessment, evaluation, and/or treatment of me to the Kentucky State Board of Licensure for Private Investigators or any authorized agent or investigator of the Board.

I understand that the above records may be used by the Board in the investigation and possible disciplinary prosecution under KRS Chapter 329A against the private investigator. I further understand that the Board will make reasonable efforts to protect the confidentiality of my records under KRS Chapter 61 and Chapter KRS 13B, or other applicable law. This involves health oversight activities and administrative proceedings of the Board. As such, this disclosure is permitted under 45 C.F.R. Section 164.512(a), (d), and (e), the regulations implementing the Health Insurance Portability and Accountability Act (HIPAA).

A photocopy of this authorization shall be deemed effective as an original.

This authorization shall be effective for one year from the date of signing.

Date

Signature of person, or parent/legal guardian if
person is under 18 years of age



**Authorization for Release of Records to the
Kentucky State Board of Licensure for Private Investigators**

I, _____, the undersigned, do hereby authorize the full
print name here

release to inspect any and all records referenced herein or provided by other third parties for use in documenting and evaluating my application for licensure to the Kentucky State Board of Licensure for Private Investigators or any authorized agent or investigator of the Board.

I understand that the above records may be used by the Board in the investigation and possible disciplinary prosecution under KRS Chapter 329A against the private investigator. I further understand that the Board will make reasonable efforts to protect the confidentiality of my records under KRS Chapter 61 and Chapter KRS 13B, or other applicable law.

A photocopy of this authorization shall be deemed effective as an original.

This authorization shall be effective for one year from the date of signing.

Date

Signature of person, or parent/legal guardian if
person is under 18 years of age