

**KENTUCKY BOARD OF
LICENSURE FOR PRIVATE INVESTIGATORS**

P. O. BOX 1360
FRANKFORT, KENTUCKY 40602
<http://kpi.ky.gov>

APPLICATION FOR REINSTATEMENT

- Individual
 Sole Proprietor
 Company

Please type or print:

1. Name:		License Number:
2. Address:		Social Security Number:
3. Work Number:		4. Home Number:
5. Name license was issued under:		
6. Do you currently hold an active or inactive license in any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the state(s): _____ Do you have an expired license from any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Letters of good standing from each state (active, inactive, or expired) must be forwarded to this office. Your license cannot be reinstated until all documents have been received.		
7. Do you have any complaints currently pending against a license held by you in any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation(s).		
8. Have you been convicted of any felony since the time of your initial licensing in Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation(s).		
9. Date of expiration of your Kentucky License?		
10. List all places of employment and dates since your license expired in Kentucky:		
11. Attach proof of liability insurance.		
12. Attach reinstatement fee totaling \$600.00 . Please make check or money order payable to the Kentucky State Treasurer. DO NOT SEND CASH and one (1) passport-type photograph.		
13. Attach evidence of completion of twelve hours of continuing education in the past two years.		

SIGNATURE OF APPLICANT: _____ **DATE:** _____

For Board Use Only

Fee Receipt Date: _____
Amount: \$ _____

Approved: _____ Denied: _____
Board Members Initials: _____