



# KENTUCKY BOARD OF LICENSURE FOR PRIVATE INVESTIGATORS

P.O. Box 1360, Frankfort, Kentucky 40602

500 Mero St. 2SC 32 Frankfort, KY 40601 (Overnight Delivery Only)

Phone: (502) 892-4257 – Fax: (502) 564-4818 - <http://kpi.ky.gov>

## LIMITED EMPLOYEE REGISTRATION

### INSTRUCTIONS

1. This application shall be typed or printed legibly and completed in its entirety.
2. This application and all supporting material shall be submitted to the Kentucky Board of Licensure for Private Investigators within five (5) days of the initiation or termination of employment.
3. Attach continuation sheets as necessary.
4. Use this form to submit updated information for registered employee(s).
5. This application shall be submitted with the administrative fee of Twenty Dollars (\$20.00). This fee is nonrefundable. All fees paid by check or money order shall be made payable to the **Kentucky State Treasurer**. DO NOT SEND CASH.
6. Submit completed the application and payment to the Kentucky Board of Licensure for Private Investigators either by mail to P.O. Box 1360, Frankfort, KY 40602 or by overnight delivery to 500 Mero St. 2SC 32, Frankfort, Kentucky 40601.

### LICENSEE INFORMATION

1. \_\_\_\_\_  
Licensee Name License Number
2. \_\_\_\_\_  
Mailing Address: Street City State Zip Code
3. \_\_\_\_\_  
Home Phone Number Work Phone Number Fax Number E-mail Address

### AFFIDAVIT

I, the licensee or the qualify agent for the licensee named above, do hereby certify under the penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I affirm and agree that the limited employee listed below shall work under my direction while conducting private investigations. I am aware that, if an investigation at any time discloses any misrepresentation or falsification on this application, the Kentucky Board of Licensure for Private Investigators may take disciplinary action pursuant to KRS 329A.065.

\_\_\_\_\_ Date

\_\_\_\_\_ Licensee Signature

### LIMITED EMPLOYEE INFORMATION

1. \_\_\_\_\_  
Name: Last First Date of Birth Social Security Number
2. \_\_\_\_\_  
Mailing Address: Street City State Zip Code
3. \_\_\_\_\_  
Home Phone Number Work Phone Number Fax Number E-mail Address
4. Date of Hire: \_\_\_\_\_ Termination Date: \_\_\_\_\_

