



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

PRIVATE INVESTIGATOR – INDIVIDUAL APPLICANT INSTRUCTIONS

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

READ INSTRUCTIONS CAREFULLY

FEES

Criminal History Background Check Fingerprint Fee:	\$ 51.25
Application Fee:	\$ 100.00
License Fee:	\$ 300.00

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 THIS OFFICE. 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 application fee will be required.

Applicants for licensure as a private investigator must be at least twenty-one (21) years of age.

Should a licensed private investigator cease to be affiliated with a private investigation company, the private investigator has thirty (30) days to provide the Board with documentation of a new private investigation company affiliation or notice of other employment.

- The licensure fee of \$100.00 is non-refundable and it must be submitted with the application. The application will not be processed without the required fee. **You will be notified in writing when the additional \$300.00 must be submitted. All fees must be paid by check or money order payable to the Kentucky State Treasurer. NO CASH PAYMENTS WILL BE ACCEPTED.**
- Two (2) recent color passport-type photos no larger than 2"x2" (**with your name and social security number printed on the backs**) must be submitted with this application. Place the photos in a small envelope with your name printed on the envelope, and attach to the application.
- Fingerprints must be completed by the applicant. To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following **Service Code 27GK26**. If you are filing for a company license, only the owner/qualifying agent's (3) sets of fingerprint cards are required.

- Administrative Office of the Courts (AOC) Criminal Background Check is require for licensure. Please completed and **submitted directly to the AOC** at the address listed on the form, **along with a check or money order in the amount of \$25.00 payable to the Kentucky State Treasurer. This is a separate form at the end of the application or visit <https://kycourts.gov/aoc/criminalrecordreports> to request electronically.**
- You must answer each question on the application. Enter N/A if question does not apply to you. If you need additional space to answer any question, attach additional 8 ½ x 11" sheets and identify the question number you are answering. **All information on arrests & convictions must be fully disclosed and final court dispositions submitted with your application.**
- A licensee or applicant shall notify the Board **IN WRITING** within thirty (30) days of any change in company affiliation, business address, residence address or phone number(s) during the application process and after license issuance.
- **IF YOU FAIL TO RESPOND TO ANY CORRESPONDENCE FROM THIS OFFICE, YOUR APPLICATION WILL BE CLOSED OR DENIED.**
- Upon approval of your application and a passing score on the examination is achieved, a notice will be forwarded to you requesting that you submit the remaining \$300.00 of the licensure fee. Licensure fees must be paid within thirty (30) days of the request or your application will be **closed with no further notice.**
- When paying fees, you **must** submit a **certified check or money order** payable to the **Kentucky State Treasurer (NO CASH PAYMENTS WILL BE ACCEPTED).**
- At any time during the life of the license you shall make yourself available for drug testing, if requested by the Board or its authorized representative.
- It is your responsibility to know and understand the laws and rules regulating Private Investigators in the Commonwealth of Kentucky.
 - **COMPANY AFFILIATION REQUIREMENT** - If affiliated with a company, a letter of endorsement/affiliation from the Private Investigation Company, signed by the owner/qualifying agent, must accompany all Private Investigator License applications. This letter must indicate that you are employed as a private investigator by the company. **Please be advised that a private investigating company whose workforce is comprised of only one private investigator is exempt from holding the company license.**
- **EXAMINATION** - Examination candidates must have their Private Investigator license application approved by the Board prior to scheduling the administration of the examination. Once your application has been approved, you will be sent information regarding the examination process and the study guide.

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

You may not work in any position requiring licensure by the Kentucky Board of Licensed Private investigators 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



COMMONWEALTH OF KENTUCKY
 KENTUCKY BOARD OF LICENSURE FOR
 PRIVATE INVESTIGATORS
 PO BOX 1360
 FRANKFORT KY 40602-1360
 (502) 564-3296, ext. 223
 (502) 564-4818 FAX

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

PRIVATE INVESTIGATOR – APPLICATION

READ INSTRUCTIONS ATTACHED TO THIS APPLICATION

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

The \$100.00 fee must accompany this application.

1. PERSONAL DATA:

_____/_____/_____
 Social Security Number Last Name First Name Middle Name

 Residence Address (Street) Address, Apt. No. City State Zip Code

 Mailing Address (Street) Address, Apt. No. City State Zip Code
(If different than above)

(_____) _____ (_____) _____ _____
 (Area Code) Home Phone Number (Area Code) Home Fax Number Email Address (if available)

_____/_____/_____
 Date of Birth (M/D/Y) Place (City, State) of Birth Drivers License Number State of Issuance

 Sex (M/F) Race Height Weight Hair Eyes

- a. Are you a United States Citizen?** Yes No
 (If not, attach documentation establishing your legal alien status.)
- b. Have you ever used a name other than the one by which you are applying?** Yes No

If yes, give the name(s): _____

Explain why the name(s) was used: _____

This application must be accompanied by correspondence from your Private Investigation Company, if associated with an investigation company, signed by the owner/qualifying agent, which states the effective date of your affiliation and your position with the company.

KYIN-_____

2. PRIVATE INVESTIGATION COMPANY DATA (REQUIRED):

This information refers to the private investigation company for which you work. Complete this area if you are also applying for a company license:

Company Name		Supervisor's Name			
Business Address (Street) Address, Apt. No. <i>(if different than above)</i>		City	State	Zip Code	
Mailing Address (Street) Address, Apt. No. <i>(if different than above)</i>		City	State	Zip Code	
() (Area Code)	Business Phone Number	() (Area Code)	Business Fax Number	Company's Email Address <i>(if available)</i>	

3. Have you ever previously applied for a private investigator license and/or permit in Kentucky or any other state or political subdivision? Yes No

If yes, list here: (Attach a separate sheet of paper if needed.)

State, County, City	Issue Date	Lic/Permit #	State	Issue Date	Lic/Permit #
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If yes, has your registration ever been suspended, revoked or otherwise disciplined? Yes No

If yes, attach a written explanation as to the circumstances surrounding the action taken.

4. Have you ever applied for and/or been issued a license and/or permit other than for Private Investigator? Yes No

If yes, list each state, profession, and license/identification number: _____

If yes, has your registration ever been suspended, revoked or otherwise disciplined? Yes No

If yes, attach a written explanation as to the circumstances surrounding the action taken.

5. OTHER RESIDENCES:

List addresses at which you have lived for the past five (5) years. Include your current address: 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.)
State Address, Apt. No.	City	State	Zip Code	From (Mo./Yr.)	To (Mo./Yr.)

6. PAST EMPLOYMENT RECORD:

List all jobs or occupations you have held in the immediate past five (5) years. Attach a separate sheet if necessary.

Employer	Employer
Address	Address
City	City
State	State
Zip	Zip
(Area Code) Phone Number	(Area Code) Phone Number
Supervisor's Name	Supervisor's Name
Position Held	Position Held
Dates (Mo. /Yr.) To (Mo. /Yr.)	Dates (Mo. /Yr.) To (Mo./Yr.)

7. 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 records returned 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
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 expunged 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

Date of Arrest Charge Court of Jurisdiction (City, State) Arraignment/Court Date

8. EDUCATION INFORMATION (Elementary and High School or G.E.D. Circle number of years completed)

1. 1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>OR</u> Received GED? Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. Name of Last School Attended	3. Last School Location (City, State)	4. Date of Graduation or Date Received GED	

9. Have you ever been declared by any court of competent jurisdiction to be incompetent by reason of mental defect or disease unless a court of competent jurisdiction has since declared you to be competent?

Yes No

If yes, please attach an explanation with dates of treatment, name of facility and/or physician, and the completed Medical release form included with the application.

10. Are you currently suffering and/or being treated for chronic or habitual use of alcoholic beverages or drugs?

Yes No

If yes, please attach an explanation with dates of treatment, name of facility and/or physician, and the completed Medical release form included with the application.

11. Are you presently subject to any outstanding civil judgements or tax liens?

Yes No

If yes, please attach an explanation of such judgements or liens.

12. 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 - attach separate sheet)

REQUIREMENT CHECKLIST:

- a. **Classifiable State and FBI Fingerprints:** visit <https://uenroll.identogo.com> and enter the following service code **27GK26**
- b. **Two (2) 2"x2" Color Passport-style Photos:** Include your name and Social Security number on the back of each. **DO NOT USE INSTANT POLAROID PICTURES**
- c. **The Required Fee:** Make certified check or money order payable to: **Kentucky State Treasurer** in the amount of **\$100.00**.
- d. **AOC Criminal History Background Check:** Make certified check or money order payable to: **Kentucky State Treasurer** in the amount of **\$25.00** or visit <https://kycourts.gov/aoc/criminalrecordreports>

NOTE: You must submit two separate certified checks or money orders for "c" and "d" above.

- e. **Letter of Sponsorship:** A letter of sponsorship must accompany all individual applications. (This does not apply to individuals starting their own company or sole proprietors.)
- f. **Proof of Insurance:** Provide written proof of coverage that is written by an insurance company which is lawfully engaged to provide insurance coverage in Kentucky. The policy must be a combined single-limit in the amount of at least \$250,000; and insures for liability of all the applicant's employees while acting in the course of employment. *(Private investigators who limit their practice exclusively to working under the supervision of an attorney who are licensed in Kentucky are exempted from this requirement. A letter from the attorney indicating such employment is required.)*
- g. **Authorization for Release of Medical and Psychological Records:** Complete and sign the attached form for release of medical and psychological records. **This form is required to be signed and returned with the application.**
- h. **Authorization for Release of Records:** Complete and sign the attached form for release of records. **This form is required to be signed and returned with the application.**



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 fee and that upon approval of the application a license fee will be due prior to issuance.

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 Applicant

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
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