



COMMONWEALTH OF KENTUCKY  
KENTUCKY BOARD 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 AND COMPLETE EACH PORTION OF THIS APPLICATION CAREFULLY.

### **READ ALL INSTRUCTIONS CAREFULLY!**

Date Application Mailed/Submitted to State: \_\_\_\_\_

#### **FEES**

Fingerprint / Criminal History Background Check	\$ 51.25
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.**
- If you are filing for a company license, only the owner /qualifying agent's fingerprints are required. To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following **Service Code 27GK26**.
- 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 – 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. <i>(If different than above)</i>		City	State	Zip Code
_____		_____	_____	_____
(_) _____	(_) _____	_____		
(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.)

\_\_\_\_\_  
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.

_____ <b>Employer</b>			_____ <b>Employer</b>		
_____ <b>Address</b>			_____ <b>Address</b>		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
_____ (Area Code) Phone Number		_____ Supervisor's Name	_____ (Area Code) Phone Number		_____ Supervisor's Name
_____ Position Held	_____ Dates (Mo./Yr.) To (Mo./Yr.)		_____ Position Held	_____ 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. Statue 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 jailor 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"/>	OR	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. **Three (3) Sets of Classifiable Fingerprints:** Use only those fingerprint cards provided by the Board. Prints must be rolled nail-to-nail by a qualified, trained technician. Remember that all information on fingerprint cards **MUST** be completed and signed.
  - b. **Two (2) 2" x 2" 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. **Criminal History Background Check & Fingerprint Fee:** Make certified check or money order payable to: **Kentucky State Treasurer** in the amount of **\$33.25**.
- 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. **Licensing Request Form:** Criminal reply form included with **\$25.00** fee submitted directly to the Administrative Office of the Courts by check or money order payable to the *Kentucky State Treasurer*.
  - g. **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.*)
  - h. **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.**
  - i. **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