# 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

## TEMPORARY EMPLOYEE REGISTRATION

### INSTRUCTIONS

1. This application must be typed or printed legibly and completed in its entirety.
2. This application and all supporting material must be submitted to the Kentucky Board of Licensure for Private Investigators
3. Attach continuation sheets if more space is needed to provide information.
4. This application and all supporting material must be submitted with the administrative fee of Twenty Dollars ($20.00). This fee is nonrefundable. All fees paid by check or money order must be made payable to the **Kentucky State Treasurer**. DO NOT SEND CASH.
5. Refer to KRS 329A.070(9)
6. This completed notification may be submitted 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. _____
Company Name | DBA (Doing Business As) Name | License Number

2. _____
Mailing Address: Street | City | State | Zip Code

**3.** _____
Home Phone Number | Work Phone Number | Fax Number | E-mail Address

### QUALIFYING AGENTS AFFIDAVIT

I, the applicant named in the above, do hereby certify under 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 temporary employee may not work over Two Hundred Forty (240) hours per calendar year. I am aware that, should investigation at any time disclose any misrepresentation or falsification on this application, the Kentucky Board of Licensure for Private Investigators could deny or revoke my license pursuant to KRS 329A.065.

_____ _____
Date | Licensee Signature

### TEMPORARY 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. Physical Characteristics:

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| Sex | Race | Height | Weight | Hair | Eyes |