

#### **Special Law Enforcement Officer (SLEO)** Renewal Application Form (Please TYPE application and use the "TAB" key to move between blocks.)

THIS APPLICATION IS TO BE USED FOR RENEWALS ONLY DO NOT USE THIS APPLICATION FOR NEW APPLICANTS

Full Name:												
	LAST		FIRST			MIDDLE						
Nicknames/Aliases:												
Maiden Name:												
Any previous name c	nanges:											
		LAST		FIRST		MIDDLE						
Birth Date:				Place of Birth:								
	##/##/#	###	AGE			CI	TY / STATE					
Citizenship:	YES	NO										
	Gender:		Male	Female								
	RACE	RACE HEIGHT			WEIGHT	HAIR COLOR	EYE COLOR					
Social Security #:			1	Driver's License #:								
	##	#-##-###				# / s	ATE					
Address:			·									
		STREET			CITY / COUN	ry	STATE ZIP					
*THIS MUST BE A PHYSICAL ADDRESS AND NOT A P.O.BOX OR THE ADDRESS OF THE PROTECTED PROPERTY*												
Phone Number:												
		ITH AREA CODE	, 1		TH AREA CODE)	E-MAI	L ADDRESS					
Personal History												
Marital Status:	Single	Marr	ied	Divorce	ed Ser	parated	Widowed					
Spouse's details:												
Name	DOB mm/mm/yyyy	St	reet Add	ress	City/Sta	te Bi	rthplace					
If spouse is employe	ed, list th	eir empl	oyer, lo	cation ar	nd title.							
Employer	Employer Location Title			tle								
List any address changes since your last renewal.  IF NO CHANGES TYPE "NONE", DO NOT TYPE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*												
IF NO CHANGES TYPE					E IS NEEDED, U		CTION*					
IF NO CHANGES TYPE Street Ad	"NONE", DO NO		A *IF ADDIT			From	То					
	"NONE", DO NO		A *IF ADDIT	CIONAL SPAC								
	"NONE", DO NO		A *IF ADDIT	CIONAL SPAC		From	То					
	violations or not con	since y	our last	renewal paid if o	e . Include da	From mm/yyyy tes, locati	mm/yyyyy ons, police					
Specify all traffic department, whether	violations or not con	since y	our last	renewal paid if (	e . Include da	From mm/yyyy tes, locati	mm/yyyyy ons, police					
Specify all traffic department, whether  IF NO TRAFFIC VIOLA SECTION*	violations or not con	since y	our last	renewal paid if (	. Include da convicted.	tes, locati NEEDED, USE A	ons, police  DDENDUM  Fine Paid					
Specify all traffic department, whether  IF NO TRAFFIC VIOLA SECTION*	violations or not con	since y	our last	renewal paid if (	. Include da convicted.	tes, locati NEEDED, USE A	ons, police  DDENDUM  Fine Paid					

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Specify all arrests (felony, misdemeanor or violation) since your last renewal. This would include physical arrests, summonses and non-traffic offense citations. Include dates, locations, by what agency, whether or not convicted. IF YOU HAVE HAD ANY ARRESTS OR							
		EM, THERE IS A POSSIBILITY T					
	JUSTICE AND PUBLIC SAFETY CABINET.						
IF NO ARRES	STS, TYPE "NONE",	DO NOT TYPE N/A.*IF ADDITION	AL SPACE IS NEEDED, U				
Dates	Offe	nse/Location	Agency	Convicted	Fines or		
mm/yyyy		•	or Not	Sentence			
					1		
Since your 1	last renewal, h	ave you been a defenda:	nt in any civil c	ourt action?	If so,		
specify:							
Date mm/yyyy	7	Type of Action		Disposition			
IF NO COURT	ACTION, TYPE "NONE	E", DO NOT TYPE N/A. *IF ADDI	TIONAL SPACE IS NEED	ED, USE ADDENDUM	SECTION*		
Since your	last renewal,	have there been any cha	anges in military	service? Pro	vide Dates,		
Branch of S	ervice and Typ	e of Discharge received	i.				
Da	ate	Branch of Service	Ψτ.	e of Dischar	· cae		
	/уууу	Branch Or Service	-71	De OI DISCHAI	<u></u>		
From	TO						
*DD-214 REQUIRED FOR EACH BRANCH SERVED IF THERE HAVE BEEN CHANGES SINCE YOUR LAST RENEWAL*  IF NO CHANGES TYPE "NONE", DO NOT TYPE N/A.							
*ATTACH ANY CERTIFICATES/DIPLOMAS RECEIVED* *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*							
		Medical His	story				
Have you had any serious injuries or illnesses since your last renewal?  YES					YES NO		
If yes, explain:							
Describe any physical							
defects:							
Since your last renewal, have you suffered from habitual drunkenness, YES NO							
narcotics addiction or dependence?							
If yes, explain:							
Since your last renewal, have you been a patient in a mental hospital or YES NO							
institution or have you been declared mentally disabled?							
If yes, explain:							
		7					

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#### Photograph

- 1. Provide one (1), un-mounted photograph, no larger than  $3'' \times 5''$  to each application.
- 2. For identification, write your full name on the back of the photographs.
- 3. PHOTOGRAPHS MUST HAVE BEEN TAKEN NO MORE THAN THRITY (30) DAYS PRIOR TO SUBMITTING THE APPLICATION.
- 4. Application will not be considered unless proper photographs are included.

Attach Photo
(no larger than 3" x 5")

# Addendum Section Please use this space for additional information not provided above (830 characters max):

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THIS PAGE MUST CONTAIN ORIGINAL SIGNATURES ON BOTH SETS OF THE APPLICATION.

Note: This application must be notarized in the space provided below prior to submitting the application.

I, being a candidate to receive a commission as a Special Law Enforcement Officer in compliance with KRS 61.900-61.930, certify that the information required in the above statements of this application are to the best of my knowledge true, and I am not prohibited from serving by the provision of KRS 61.300.

			Signature of Candidate
			Signature of Candidate
Subscribed and duly sworn	to before me by the above r	named candidate, this	day of
, 20	, at City (or town) of		County of
	and State of		
(Official Impression Seal)			Signature of Notary  Notary Expiration Date
			Notary Expiration Date
NOTE:	A		
Complete and mail bapplication fee (ch			
Treasurer) to:			

Justice & Public Safety Cabinet
Internal Investigations Branch
125 Holmes St.
Frankfort, KY 40601

Any false, misleading or withholding of information requested on the application or by the Kentucky Law Enforcement Staff investigator, may be grounds for rejection without further consideration.

500 KAR 2:020