



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 changes:							
		LAST		FIRST		MIDDLE	
Birth Date:		###/##/####		AGE		Place of Birth:	
						CITY / STATE	
Citizenship:		<input type="checkbox"/> YES <input type="checkbox"/> NO					
		Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		RACE		HEIGHT		WEIGHT	
						HAIR COLOR	
						EYE COLOR	
Social Security #:		###-##-####		Driver's License #:		# / STATE	
Address:		STREET		CITY / COUNTY		STATE	
						ZIP	
		THIS MUST BE A PHYSICAL ADDRESS AND NOT A P.O.BOX OR THE ADDRESS OF THE PROTECTED PROPERTY					
Phone Number:		HOME (WITH AREA CODE) (###) ###-####		CELL (WITH AREA CODE) (###) ###-####		E-MAIL ADDRESS	
Personal History							
Marital Status:		<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Divorced	
				<input type="checkbox"/> Separated		<input type="checkbox"/> Widowed	
Spouse's details:							
Name		DOB ###/##/####		Street Address		City/State	
						Birthplace	
If spouse is employed, list their employer, location and title.							
Employer		Location		Title			
List any address changes since your last renewal.							
IF NO CHANGES WRITE "NONE", DO NOT WRITE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*							
Street Address		City/State		From		To	
Specify all traffic violations since your last renewal. Include dates, locations, police department, whether or not convicted and fine paid if convicted.							
IF NO TRAFFIC VIOLATIONS WRITE "NONE", DO NOT WRITE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*							
Traffic Violation		Date ###/##/####		Location		Police Department	
						Convicted or Not	
						Fine Paid or Not	



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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. <u>IF YOU HAVE HAD ANY ARRESTS OR CITATIONS AND YOU DO NOT LIST THEM, THERE IS A POSSIBILITY THAT YOU WILL NOT BE APPROVED FOR COMMISSION BY THE JUSTICE AND PUBLIC SAFETY CABINET.</u>				
IF NO ARRESTS, WRITE "NONE", DO NOT WRITE N/A. *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*				
Dates ##/##/####	Offense/Location	Agency	Convicted or Not	Fines or Sentence
Since your last renewal, have you been a defendant in any civil court action? If so, specify:				
Date ##/##/####	Type of Action	Disposition		
IF NO COURT ACTION, WRITE "NONE", DO NOT WRITE N/A. *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*				
Since your last renewal, have there been any changes in military service? Provide Dates, Branch of Service and Type of Discharge received.				
Date ##/##/####		Branch of Service	Type of Discharge	
From	TO			
DD-214 REQUIRED FOR EACH BRANCH SERVED IF THERE HAVE BEEN CHANGES SINCE YOUR LAST RENEWAL				
IF NO CHANGES WRITE "NONE", DO NOT WRITE N/A.				
ATTACH ANY CERTIFICATES/DIPLOMAS RECEIVED *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*				
Medical History				
Have you had any serious injuries or illnesses since your last renewal?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain: 				
Describe any physical defects: 				
Since your last renewal, have you suffered from habitual drunkenness, narcotics addiction or dependence?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain: 				
Since your last renewal, have you been a patient in a mental hospital or institution or have you been declared mentally disabled?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain: 				



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Photograph

1. Provide one (1), un-mounted photograph, no larger than 3" x 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 THIRTY (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

Subscribed and duly sworn to before me by the above named candidate, this _____ day of _____, 20____, at City (or town) of _____ County of _____ and State of _____.

Signature of Notary

(Official Impression Seal)

Notary Expiration Date

NOTE:

Complete and mail both applications and a \$25.00 non-refundable application fee (check or money order made payable to **Kentucky State Treasurer**) to:

Kentucky Law Enforcement Council
Funderburk Building
4449 Kit Carson Drive
Richmond, KY 40475

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.

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