



Special Local Peace Officer (SLPO) Renewal Application Form

Please TYPE application and use the "TAB" key to move between blocks.
Written version available upon request.

**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	
Do you have a satisfactory credit rating?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Have you filed under the Bankruptcy Law since your last renewal? <input type="checkbox"/> YES <input type="checkbox"/> NO	
List all police training that you received since your last renewal. This would include firearms training:				
ATTACH ANY CERTIFICATES/DIPLOMAS RECEIVED *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*				
Personal Details				
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	
Provide home addresses and the approximate time frames of each location since your last renewal.				
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Street Address	City/State	From	To	

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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 (yes/no)	Fine Paid or Not (yes/no)
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 (yes/no)	Fines or Sentence	
Have you been a defendant in any civil court action since your last renewal? 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*					
Military Service: Give dates, Branch of Service and Type of Discharge received since your last renewal.					
Date ##/##/####		Branch of Service	Type of Discharge		
From	TO				
DD-214 REQUIRED FOR EACH BRANCH SERVED *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 did you have or 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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Employment History			
Employment History: Beginning with the most recent employer, provide details specifying Employer Name, Address, Title/Position Held and Dates of Employment, (also list periods of unemployment) since you're last renewal. *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*			
Name of Employer:			
Street Address:			
City/State/Zip:			
Phone Number: (###)###-####			
Title/Position Held:			
Dates of Employment: ##/##/####			
	From	To	
Reason for Separation:			
Annual Salary/Wages:	\$		

Photographs
<ol style="list-style-type: none"> 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 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")

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Addendum Section

Please use this space for additional information not provided above (3000 characters max) :

RENEWAL

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

Commonwealth of Kentucky, _____ County

The Affiant _____ states he is the person recommended for appointment as a special local peace officer in the attached application for same to the Executive Director of the Kentucky Law Enforcement Council, that he is a citizen of the United States and the Commonwealth of Kentucky, that his full name is as stated, that he has resided in the Commonwealth for at least one year immediately preceding the making of this affidavit, that he has not been convicted of and is not under indictment for a crime involving moral turpitude, dishonesty or fraud, unauthorized divulging or selling of information or evidence, impersonation of a law enforcement officer or employee of the United States or any state or political subdivisions, thereof, illegally using, carrying or possessing a firearm or dangerous weapon, habitual drunkenness, using or selling or possession of narcotics, that he has not been adjudged mentally disabled by a court of competent jurisdiction and such adjudication has not been set aside, that he has not renounced his citizenship, that being an alien he has not illegally or unlawfully entered the United States, that within a period of two years immediately preceding the filing of this affidavit he has not hired himself out, performed any service, or received any compensation from any private service for acting as a privately paid detective, policeman, guard, peace officer or otherwise as an active participant in any labor dispute, that he has not conducted the business of a private detective agency or with any agency supporting private detectives, private policeman or private guards, or authorized or solicited any such business in connection with any labor disputes.

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 Local Peace Officer in compliance with KRS 61.360, 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

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NOTE:

****Enclose with this application a copy of the \$5000.00 bond executed in the name of the applicant as required by KRS 61.360 (5). For the purpose of notification, verification and in the event the bond is cancelled, the Executive Director of the Kentucky Law Enforcement Council in the Justice and Public Safety Cabinet shall be listed as the third party beneficiary.**

Complete and mail both applications and a \$10.00 non-refundable application fee (check or money order made payable to **Kentucky State Treasurer**) to:

Kentucky Law Enforcement Council
EKU Funderburk Building
521 Lancaster Ave
Richmond, KY 40475

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

500 KAR 3:020