

Special Local Peace Officer (SLPO) Application Form

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

Full Name:	LAST	FIRST	MIDDLE
Nicknames/Aliases: Maiden Name: Any previous name changes:	LAST	FIRST	MIDDLE
Birth Date:	mm/dd/yyyy	AGE	Place of Birth: CITY / STATE
OFFICIAL BIRTH CERTIFICATE IS REQUIRED, WILL NOT ACCEPT PHOTOCOPY			
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 ever filed under the Bankruptcy Law? <input type="checkbox"/> YES <input type="checkbox"/> NO
Prior Law Enforcement Experience			
Have you previously held a commission as a Kentucky Special Local Peace Officer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously been employed as a sworn public peace officer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, supply the following information:			
NAME OF LAW ENFORCEMENT AGENCY	DATES EMPLOYED:	FROM mm/yyyy	TO mm/yyyy
			PHONE NUMBER (W/ AREA CODE) (###) ###-####
Have you served in the United States Armed Forces in a fulltime capacity as a military Policeman?			<input type="checkbox"/> YES <input type="checkbox"/> NO
PROVIDE A COPY OF YOUR DD-214			

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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 <small>mm/dd/yyyy</small>	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 for the <u>past 10 years</u> . <small>*IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*</small>					
Street Address		City/State		From <small>mm/yyyy</small>	To <small>mm/yyyy</small>
Specify all traffic violations within the <u>last ten (10) years</u> . Include dates, locations, police department, whether or not convicted and fine paid if convicted. <small>IF NO TRAFFIC VIOLATIONS, WRITE "NONE", DO NOT WRITE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*</small>					
Traffic Violation	Date <small>mm/yyyy</small>	Location	Police Department	Convicted or Not <small>(yes/no)</small>	Fine Paid or Not <small>(yes/no)</small>
Specify all arrests (felony, misdemeanor or violation). 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> <small>IF NO ARRESTS, WRITE "NONE", DO NOT WRITE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*</small>					
Dates <small>mm/yyyy</small>	Offense/Location		Agency	Convicted or Not <small>(yes/no)</small>	Fines or Sentence
Have you ever been a defendant in any civil court action? If so, specify:					
Date <small>mm/yyyy</small>	Type of Action		Disposition		
<small>IF NO COURT ACTION, WRITE "NONE", DO NOT WRITE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*</small>					
Military Service: Give dates, Branch of Service and Type of Discharge received.					
Date <small>mm/yyyy</small>		Branch of Service	Type of Discharge		
From	TO				
<small>DD-214 REQUIRED FOR EACH BRANCH SERVED *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*</small>					

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Medical History				
Have you had any serious injuries or illnesses within the past five (5) years?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain:				
Describe any physical defects:				
Do you now have or have you ever suffered from habitual drunkenness, narcotics addiction or dependence?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain:				
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:				
Education / Training History				
Education and Training: *ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED CERTIFICATE*				
	Name	Address	City/State	Date <small>mm/yyyy</small> From To
Elementary School				
High School				
Diploma received:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date received:		
College/University				
Degree received:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date received:		
Other Training				
Degree received:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date received:		
List all police training that you received within the past five (5) years. This would include firearms training:				
*ATTACH ANY CERTIFICATES/DIPLOMAS RECEIVED**IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*				

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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) within the <u>past ten (10) years</u> .			
IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION			
Name of Employer:			
Street Address:			
City/State/Zip:			
Phone Number: (###) ###-####			
Title/Position Held:			
Dates of Employment: <small>mm/yyyy</small>			
	From	To	
Reason for Separation:			
Annual Salary/Wages:	\$		
Name of Employer:			
Street Address:			
City/State/Zip:			
Phone Number: (###) ###-####			
Title/Position Held:			
Dates of Employment: <small>mm/yyyy</small>			
	From	To	
Reason for Separation:			
Annual Salary/Wages:	\$		
Name of Employer:			
Street Address:			
City/State/Zip:			
Phone Number: (###) ###-####			
Title/Position Held:			
Dates of Employment: <small>mm/yyyy</small>			
	From	To	
Reason for Separation:			
Annual Salary/Wages:	\$		
May we contact your present or past employers?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If no, explain:			

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References					
Provide two (2) personal references, (exclude relatives & co-workers) that have known you for at least three (3) years or more. *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*					
Name	Address, include City/State/Zip	Home, Work and Cell Phone Numbers	Best time to call	# of years known	E-mail Address

Photograph
<ol style="list-style-type: none"> 1. Provide one (1), unmounted 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")

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Addendum Section

Please use this space for additional information not provided above (3600 characters max):

NEW

Special Local Peace Officer (SLPO) Application Form

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Written version available upon request.

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

Commonwealth of Kentucky, _____ County

The Affiant _____ states Affiant is the person recommended for appointment as a special local peace officer in the attached application for same to the Secretary of the Justice and Public Safety Cabinet, that Affiant is a citizen of the United States and the Commonwealth of Kentucky, that Affiant's full name is as stated, that Affiant has resided in the Commonwealth for at least one year immediately preceding the making of this affidavit, that Affiant 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 Affiant has not been adjudged mentally disabled by a court of competent jurisdiction and such adjudication has not been set aside, that Affiant has not renounced his citizenship, that being an alien Affiant has not illegally or unlawfully entered the United States, that within a period of two years immediately preceding the filing of this affidavit Affiant has not hired himself or herself 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 Affiant 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

Special Local Peace Officer (SLPO) Application Form

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

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 Internal Investigations Branch 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:

Internal Investigations Branch
125 Holmes Street
Frankfort, Kentucky 40601

Any false, misleading or withholding of information requested on the application or by the Justice and Public Safety Cabinet investigator, may be grounds for rejection without further consideration.

500 KAR 3:020

COMMONWEALTH OF KENTUCKY
Justice & Public Safety Cabinet
SPECIAL LOCAL PEACE OFFICER (SLPO ACT)

New Application
 Renewal Application
(Type or Print Legibly in Black Ink)
Letter of Intent Form

The undersigned, as an official Representative of _____
Name of Property

Located and situated in _____
City County State

Mailing Address: _____
Street City/State Zip Code

hereby applies for and recommends the appointment of:

Name of Candidate

Street City County Zip Code

As a Special Local Peace Officer to preserve the peace, patrol protect and preserve the properties located as above, including the realty, improvements and personalty located thereon or appurtenant thereto. The undersigned certifies that the person so recommended has the qualifications of non-elective peace officer as required by Kentucky Revised Statutes 61.360 located at:

Specify Location _____
Address of Property _____

Name of Property Owner

Property Phone Number

Email of Property Owner

_____ Signature of Property Owner
_____ Date

COMMONWEALTH OF KENTUCKY
JUSTICE AND PUBLIC SAFETY CABINET
AUTHORITY TO RELEASE INFORMATION FORM

I, _____, having made application for the position of Special Local Peace Officer desire that any information in my personal records that the Internal Investigations Branch deems pertinent to its investigation into my background to be released to its officers. This authorization includes, but is not limited to, employment, medical, hospital, school, and credit records, whether privileged or not.

This authorization shall serve as a release of all liability to all parties furnishing such information to the Internal Investigations Branch and their authorized agents.

A photocopy of this release shall be considered as effective and binding as the original hand executed copy.

Signature: _____

Street: _____ City: _____

State/Zip Code: _____

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 Officer

(Official Seal Impression)

Notary Expiration Date



KENTUCKY JUSTICE & PUBLIC SAFETY CABINET

SLPO ACKNOWLEDGEMENT NOTICE

This is to acknowledge receipt of the Kentucky Revised Statute and Kentucky Administrative Regulations relating to the Special Local Peace Officer act (KRS 61.360 & 500 KAR 3:010 & 3:020).

I have been advised that my authority as a Special Local Peace Officer is limited and restricted to the property for which the Commission is issued and that my appointment will not give me the right or authority to carry a firearm off the said premises of the property.

I have also been advised that my powers as a peace officer relating to arrest and use of force are controlled by Kentucky law and that I am responsible for securing training in these subjects as well as other areas of law enforcement relating to my duties as a Special Local Peace Officer.

Applicant's Printed Name

Applicant's Signature

Date

Provider's Printed Name

KENTUCKY JUSTICE & PUBLIC SAFETY CABINET

County Clerk Oath

NOTE: The constitutional oath of office below is not to be taken before the County Clerk until the candidate is certified to be commissioned.

I do solemnly swear that I will support the Constitution of the United States and the Constitution of this Commonwealth, and be faithful and true to the Commonwealth of Kentucky so long as I continue a citizen thereof, and that I will faithfully execute, to the best of my ability, the office of a Special Local Peace Officer according to law; and I do further solemnly swear that since the adoption of the present Constitution, I, being a citizen of this state, have not fought a duel with deadly weapons within this state, nor out of it, nor have I sent or accepted a challenge to fight a duel with deadly weapons, nor have I acted as second in carrying a challenge, nor aided or assisted any person thus offending, so help me God.

Signature of County Clerk

Signature of Candidate in presence of County Clerk

County, Kentucky

Printed Name of Candidate

Sworn and duly subscribed before me by the above, this _____ day of _____

20____, at _____, _____ Commonwealth of Kentucky and a true
City County

Copy of this affidavit with photograph attached is now on file in the office of the County Clerk in the above County as required by 500 KAR 3:020 Section 3 (2)(b).

County Clerk's Office copy

KENTUCKY JUSTICE & PUBLIC SAFETY CABINET

County Clerk Oath

NOTE: The constitutional oath of office below is not to be taken before the County Clerk until the candidate is certified to be commissioned.

I do solemnly swear that I will support the Constitution of the United States and the Constitution of this Commonwealth, and be faithful and true to the Commonwealth of Kentucky so long as I continue a citizen thereof, and that I will faithfully execute, to the best of my ability, the office of a Special Local Peace Officer according to law; and I do further solemnly swear that since the adoption of the present Constitution, I, being a citizen of this state, have not fought a duel with deadly weapons within this state, nor out of it, nor have I sent or accepted a challenge to fight a duel with deadly weapons, nor have I acted as second in carrying a challenge, nor aided or assisted any person thus offending, so help me God.

Signature of County Clerk

Signature of Candidate in presence of County Clerk

County, Kentucky

Printed Name of Candidate

Sworn and duly subscribed before me by the above, this _____ day of
20____, at _____, _____, Commonwealth of Kentucky and a true
Copy of this affidavit with photograph attached is now on file in the office of the County Clerk
in the above County as required by 500 KAR 3:020 Section 3 (2)(b).

Internal Investigations Branch copy

Special Local Peace Officer (SLPO) Renewal Application Form

Please TYPE application and use the "TAB" key to move between blocks.
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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:	mm/dd/yyyy	AGE	Place of Birth:		
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
		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"/>	<input type="checkbox"/>	<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
Spouse's details:					
Name	DOB mm/dd/yyyy	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.					
IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION					
Street Address		City/State		From (mm/yyyy)	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, TYPE "NONE", DO NOT TYPE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*						
Traffic Violation	Date mm/dd/yyyy	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, TYPE "NONE", DO NOT TYPE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*						
Dates mm/dd/yyyy	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 mm/dd/yyyy	Type of Action	Disposition				
IF NO COURT ACTION, TYPE "NONE", DO NOT TYPE 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 mm/yyyy		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?					YES	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 your 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: <small>mm/yyyy</small>			
	From	To	
Reason for Separation:			
Annual Salary/Wages:	\$		

Photographs
1. Provide one (1), unmounted 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")

**Special Local Peace Officer (SLPO)
Renewal Application Form**

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Addendum Section

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

RENEWAL

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Commonwealth of Kentucky, _____ County

The Affiant _____ states Affiant 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 Affiant is a citizen of the United States and the Commonwealth of Kentucky, that Affiant's full name is as stated, that Affiant has resided in the Commonwealth for at least one year immediately preceding the making of this affidavit, that Affiant 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 Affiant has not been adjudged mentally disabled by a court of competent jurisdiction and such adjudication has not been set aside, that Affiant has not renounced his citizenship, that being an alien Affiant has not illegally or unlawfully entered the United States, that within a period of two years immediately preceding the filing of this affidavit Affiant has not hired himself or herself 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 Affiant 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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Complete and mail both applications and a \$10.00 non-refundable application fee (check or money order made payable to **Kentucky State Treasurer) to:**

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

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500 KAR 3:020