



DEPARTMENT OF CODES AND REGULATIONS
 DIVISION OF LICENSING & PERMITS
 444 South Fifth Street
 Louisville, KY 40202-4314
 (502) 574-3591

NEW-ARMED SECURITY GUARD APPLICATION

INTENT TO HIRE

_____ does hereby state its intent to

hire
 Company Name

_____, if permit for same is approved by the Louisville Metro
 Applicant Name

Department of Codes and Regulations.

 Signature of Authorized Agency/Company Representative

Fee: \$25.00 Non-Refundable

Please Print

Applicant Name: _____		
Last Name	First Name	Middle Initial
Applicant's Address: _____		
City _____	St: _____	Zip: _____ Phone: _____
Social Security Number _____		Date of birth _____
Gender _____	Height _____	Weight _____ Hair Color _____ Eye Color _____
Nationality _____		
Drivers Lic State _____	Number _____	Expiration Date _____

Addresses for Past 5 Years	_____ _____ _____ _____ _____
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Military	Have you ever served in any branch of the U. S. Military, if yes, which branch? _____ Enlistment date _____ Discharge date _____ Type of discharge _____
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Peace Officer	Are you commissioned as a Kentucky Peace Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Type of commission _____ Date Commissioned _____ Commission Expires _____
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Law Enforcement	<p>Are You, Or Within The Past Three Years Have You Been, An Armed Law Enforcement Officer With Local Or State Government Or With The United States Military?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Where And With What Governmental Unit? _____</p> <p>Commission Date: _____ Expiration Date: _____</p>
<p>Have you been licensed as an armed security guard before <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where and when? _____</p> <p>_____</p>	
Service Weapon	<p>Do you own your service weapon <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Weapon Serial # _____ Make _____</p> <p>Model _____ Caliber _____</p>
<p>Have you ever been convicted of, or are you currently under indictment for, a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so for what, where and when? _____</p> <p>_____</p>	
<p>Have you been hospitalized for psychiatric treatment or for drug or alcohol abuse treatment within the past two years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If so please explain _____</p> <p>_____</p>	

I hereby affirm that the statements contained in this application are true and correct to the best of my knowledge. I understand that falsification; misrepresentation or omission of any information asked for on this application will result in denial of my application. Or, if detected later the invalidating of any issued armed SECURITY GUARD permit. I understand that I must notify the DIPL within 72 hours whenever the information required above changes.

APPLICANT: _____ DATE: ____ / ____ / ____

I _____, A KENTUCKY NOTARY PUBLIC STATE AT LARGE,

FOR ACTS PERFORMED IN KENTUCKY FOR RECORDATION IN ANY STATE; MY COMMISSION EXPIRES: _____

Please return this application with the following documents:

- √ Intent To Hire from Security Agency/Company
- √ Copy of completion of an approved Training Course (40 hours training with 8 hours of weapons training)
- √ Copy of valid driver's license or government-issued personal I.D.
- √ Criminal history check by Louisville Metropolitan Police Department and all other areas in which you have lived within the past five years
- √ Mental Inquest Warrant Status signed by the Clerk's Office
- √ \$25 licensing fee