



Department of Codes & Regulations  
 License & Permits Division  
 444 S. 5<sup>th</sup> Street 2<sup>nd</sup> Floor  
 Louisville, KY 40202  
 Phone (502)574-3591



**AFFIDAVIT FOR ARMED SECURITY GUARD LICENSURE**

I, \_\_\_\_\_, hereby state I have filed an application to act as an Armed Security Guard with the Louisville Metro Government Department of Codes & Regulations. I, reside at \_\_\_\_\_, in the City of \_\_\_\_\_, in the State of \_\_\_\_\_, being in the County of \_\_\_\_\_; I, further state that there is not now pending, nor has there ever been a mental inquest taken out against me. I further state that there is not now pending nor has there ever been any action challenging my mental competency. Furthermore, I do hereby swear or affirm that all statements contained in this affidavit, in my application, and any attachments hereto are true and correct to the best of my knowledge, information and belief.

X \_\_\_\_\_  
 Signature of Affiant

I, the undersigned, a Notary Public in and for the State and County aforesaid, hereby certify that the affiant, \_\_\_\_\_, personally appeared before me and swore to the foregoing statements.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

X \_\_\_\_\_  
 Notary Public

State of \_\_\_\_\_ at Large     County of \_\_\_\_\_ at Large

My Commission Expires: \_\_\_\_\_ Notary ID# \_\_\_\_\_