KANSAS CITY MISSOURI POLICE DEPARTMENT
PRIVATE OFFICERS LICENSING UNIT

APPLICANT QUESTIONNAIRE FOR ORGANIZATION

A CRIMINAL HISTORY CHECK WILL BE CONDUCTED

Must be filled out by each of the Owners, Partners, Officers, Directors, or Associates of the Company.

Read every question carefully and answer each accurately. If space provided is not sufficient use the other side.

1. Name _____
   Last First Middle

2. Have you ever been convicted of a FELONY? ☐ YES ☐ NO

YEAR	CHARGE	STATE	DISPOSITION

3. List ALL arrests, convictions **(WITHIN THE LAST (5) FIVE YEARS), include;** suspended impositions of sentences, diversions and/or probations. (This includes DUI's AND DWI'S)

YEAR	CHARGE	STATE	DISPOSITION

FAILURE TO LIST ANY CONVICTIONS MAY BE GROUNDS FOR DENIAL

SIGNATURE _____ DATE _____

Print Name _____