## KANSAS CITY MISSOURI POLICE DEPARTMENT

## EMPLOYER'S APPLICATION FOR EMPLOYMENT OF PRIVATE SECURITY "INTENT TO HIRE"

TO: KAI	NSAS CITY MISSOURI BOARD OF P	OLICE COMMISSIONE	ERS	
FROM: Name of Employer		Number, Street, City, Zip Code		Tolophono
Nai	ne or Employer	Number, Street, City	, zip Code	Telephone
Employee:	Name		Date of Birth	Social Security Number
	Name		Date of Birth	Social Security Number
	Number, Street	City/State		Zip Code
	Telephone	E-Mail Address		
in the absence its employee investigative duties. TRAI agency, not a services. The EMPLOYER EMPLOYEE	uthorized representative of the employers of required insurance. The employers. Any corporation, partnership, or otservices is fully responsible for the act NING IS THE RESPONSIBILITY OF an employer, and assumes no response Board's functions are limited to licensing ACCEPTS FULL RESPONSIBILITYS, AND UNDERSTANDS THE COMPIT requests the above named person be	r agrees that it will furnither entity that provides and omissions of its a THE ENTITY HIRING ibilities for the acts or ong and regulating any eVY FOR THE PHYSIANY IS ACCOUNTAB	sh the Board a descrist private security server semployees acting in the SUCH EMPLOYEES missions of any entity or individual who CAL AND MENTALLE FOR THE COND	ption of all weapons used by vices and proprietary private ne course and scope of their b. The Board is a licensing or individual providing such perform such services. THE L CAPABILITIES OF ITS UCT OF ITS EMPLOYEES.
Class A				
☐ Loss Pre	vention-Unarmed/Non-uniformed			
☐ Patrol Agent/Uniformed		☐ Armed	☐ Unarmed	
☐ Proprietary Private Investigator/Non-uniformed		☐ Armed	☐ Unarmed	
☐ Airport Police-Armed/Uniformed		☐ TCO-U	narmed/Uniformed	
☐ Park Ranger/Uniformed		☐ Armed	Unarmed	
Class B				
☐ Guard-U	narmed/Uniformed			
☐ Armed C	ourier/Uniformed			
Proprietary Private Investigator/Non-uniformed		☐ Armed	☐ Unarmed	
	authorized representative of the emp nvestigation, and after meeting the qu		mployee be authoriz	red, after completion of the
Mak	e Model		Caliber	Serial #
action solid f with a decod when you ar premises you Signature of All lic qualifications	tenses issued are temporary until the are completed. The license may be a k appropriately:	automatic, double action lection to calibers 40, orm for the company of twork and while travelies background investigation.	n only or double/single 45, and 9mm. The value who appears on g directly to and from the following criminal history with reasonable case.	e action which are equipped veapon may only be carried in your license, only on the m work.  record check and firearms use, at any time.  tate Regulations
Signa	ture of authorized representative of th	e Employer	 Date	Position

FORM 5409 P.D. (REV 2-2023)