

KANSAS CITY MISSOURI POLICE DEPARTMENT  
PRIVATE OFFICERS LICENSING UNIT  
635 WOODLAND, SUITE 2104  
KANSAS CITY, MISSOURI 64106

**AUTHORIZED PERSONNEL**

In order to add an individual to the list of authorized personnel to do business for a company in our office, the current company representative must complete this form. All persons listed **must provide a copy of their birth certificate or United States passport and a picture ID.** The following information is necessary to conduct a proper background check:

**Name**

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Person Authorizing Signature:** \_\_\_\_\_