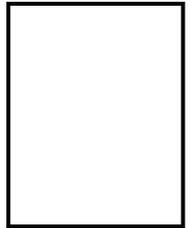


# LEE'S SUMMIT POLICE DEPARTMENT

## CERTIFICATE OF REGISTRATION



Right Thumb Print

Please type or print.

Each question on this form must be answered truthfully.

If the question does not apply, write N/A in the blank.

Name: (Last, first, middle)							Date of Birth:
Race	Sex	Age	Height	Weight	Hair	Eyes	Maiden Name/Alias/Nickname:
Address: (Number, street, city, state, zip code)							Phone Number:
Place of Birth: (City, state)				If a naturalized citizen, list city, state, and date:			
Drivers License Number:				State:		Expiration Date:	
Social Security Number:				Marital Status:			
Name of Spouse: (Last, first, middle, maiden)				Address: (Number, street, city, state, zip code)			
Present Employer:				Address: (Number, street, city, state, zip code)			
Name of Company and Address of Job Site in Lee's Summit:							
Name of Immediate Supervisor: (Last, first, middle)				Phone Number:			

Have you ever been convicted of a crime? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Have you ever been convicted of a traffic offense? (excluding parking violations) **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If the answer to any of the above questions is **YES**, list the information requested below:

Date	Charge	Detaining or Arresting Agency	Penalty

Processed By:	Date:	Expiration Date:
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**FIREARMS:** State law regarding care and use of firearms will be strictly enforced. It is your responsibility to read and know the law. In the course of your duties, will you carry a firearm? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If your answer is **YES**, complete the following:

Make of Firearm:	Caliber:	Model:	Serial Number:
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Qualification with listed firearm:

Where Qualified: \_\_\_\_\_  
 Date of Qualification: \_\_\_\_\_  
 Range Officer/Firearms Instructor: \_\_\_\_\_  
 Qualification Score: \_\_\_\_\_

Have you applied for certification or registration as a private policeman, security officer, or watchman with any other law enforcement agency? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If **YES** complete the following:

Name of Agency	Date Applied	Accepted	If rejected, reason for rejection
		Yes _____ No _____	

**REFERENCES:** List three persons other than relatives who know you well enough to give current or former information about you. **Use complete addresses including city, state and zip code.**

Name (Last, first, middle)	Address:	Residence Phone:	Years Known:
Employer's Name:	Employer's Address:	Hours of Work: From:            To:	Business Phone:
Name (Last, first, middle)	Address:	Residence Phone:	Years Known:
Employer's Name:	Employer's Address:	Hours of Work: From:            To:	Business Phone:
Name (Last, first, middle)	Address:	Residence Phone:	Years Known:
Employer's Name:	Employer's Address:	Hours of Work: From:            To:	Business Phone:

I am aware that any misrepresentations or falsifications made in connection with my completing this form for the Lee's Summit Police Department will be grounds for rejection, and/or revocation of my Certificate of Registration.

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Signature of the Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_