

The University of Kansas
Kansas Law Enforcement Training Center
Hutchinson, Kansas

Application for Reciprocity Certification

Through an interagency memorandum of agreement between the KLETC director of police training and the KSCPOST executive director, the KLETC director of police training is authorized to review the adequacy of prior training in other states or territories of all law enforcement officers applying for reciprocity in Kansas and to render an opinion regarding eligibility of such officers to the KSCPOST executive director.

Basic Information

Box 1

Name: _____
First MI Last

Social Security Number: _____ Date of Birth: _____
MM, DD, YYYY

Home Address:

_____ Apt. #
Number, RFD or Box Number Street

_____ Zip Code
City State

Home Telephone Number: _____

Kansas Agency Presently Employed By: _____

Training Background

Box 2

Yes No Have you ever successfully completed a basic law enforcement course of instruction from a certified city, county, state or federal law enforcement training academy?

If yes, please provide the following information:

Name of Academy Providing Basic Training: _____

Academy Address:

_____ Apt. #
Number, RFD or Box Number Street

_____ Zip Code
City State

Academy Telephone Number: _____

Dates Attended: From _____ to _____

Date of Completion: _____

Number of Basic Training Hours Completed: _____

(Official Copy of Graduation Certificate/Diploma Must be Attached to this Application)

Employment Background

Box 3

Yes

No

Have you ever been employed as a certified, full-time police or law enforcement officer in a county, municipal, state or federal law enforcement agency outside of the state of Kansas?

If yes, please provide the following information:

Agency Employed By: _____

Agency Address:

Number, RFD or Box Number

Street

Apt. #

City

State

Zip Code

Agency Telephone Number: _____

Employed Dates: From _____ to _____

(Any additional relevant background or supporting documentation may be attached to this application form)

Applicant Signature

Box 4

I certify under penalty of perjury that the information being provided for this application is true and accurate, and that there are no willful misrepresentations, omissions, or falsifications in the information provided by me.

Signature

Date

Kansas Agency Head Signature

Box 4

I certify under penalty of perjury that the information being provided for this application is true and accurate, and that there are no willful misrepresentations, omissions, or falsifications. I further certify that I have verified the authenticity of the information and documents provided by the applicant.

Signature

Date

Mail Completed Copy To:

Basic Training Registrar
Kansas Law Enforcement Training Center
P.O. Box 647
Hutchinson, Kansas 67504-0647

**"Integrity is the Basis
for Community Trust"**

Or fax:

(620) 694-1420