

BOARD OF POLICE COMMISSIONERS
PRIVATE OFFICERS LICENSING SECTION
635 WOODLAND, SUITE 2104
KANSAS CITY, MISSOURI 64106

AFFIDAVIT FOR
LOST LICENSE CARD

DATE

NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

AGENCY NAME _____

AGENCY ADDRESS _____
City State

I certify the license card issued to me was accidentally

Destroyed _____
Lost _____
Stolen _____ Crn # _____

Please explain, where, when and circumstances _____

Licensee Signature

Director of Security