

Kansas Highway Patrol

PARTNERS Program

Application for Participation

Return completed form to:
KHP PARTNERS Program
P.O. Box 2339
Topeka, KS 66601



Department Name _____

Phone # _____

Fax # _____ ORI # _____

Unit of Government: _____ State _____ City _____ County
_____ Other: _____

Size of Population Served _____

Geographical Description _____ Rural _____ Suburban _____ Urban _____ Other

(If Other, Please Specify) _____

Total Number of Certified Sworn Officers _____

Specific Breakdown of Officers Involved in Counter-Drug Activities

- | | |
|--|-------|
| A. Full Time Narcotics, including investigators | _____ |
| B. Officers involved in part-time narcotics activities (<i>in addition to other departmental duties</i>) | _____ |
| C. Tactical Officers (<i>SWAT, special operations, gang detail, include investigators</i>) | _____ |
| D. Air support officers (<i>pilots, co-pilots, air observation/surveillance, etc.</i>) | _____ |
| Total | _____ |

In how many counter-drug task forces does your department participate, contribute or support? _____
To what extent? (special equipment, aircraft, off-road vehicles, etc.) Please add additional pages if necessary.

Describe the drug problem in your jurisdiction and the strategy undertaken to confront the problem (this information provides justification to the Department of Defense that the property acquired under this program will be used by a bona fide law enforcement agency in the drug enforcement effort).

Does your department conduct counter-drug activities as a part of your law enforcement responsibilities?

Yes _____ No _____

Applicant Point of Contact: (Authorized to order, secure payment, and accept goods under this program)

Name _____ Title _____

Phone () _____ Fax () _____

E-mail _____

Address _____ City _____

State Kansas ZIP

Alternate Point of Contact: (Authorized, in the absence of the Applicant Point of Contact, to order, secure payment, and accept goods under this program)

Name _____ Title _____

Phone () _____ Fax () _____

E-mail _____

Address _____ City _____

State Kansas ZIP _____

Please provide the address the PARTNERS PROGRAM is to use in contacting Applicant.

STREET ADDRESS _____

CITY _____ STATE Kansas ZIP _____

Please provide the address the PARTNERS PROGRAM is to use in shipping orders from vendors.

STREET ADDRESS _____

CITY _____ STATE Kansas ZIP _____

The PARTNERS Program requires your department to employ at least one currently certified law enforcement officer. To verify this eligibility requirement, please provide the following information for one officer in your employ:

Name_____ Date of Birth_____ Social Security #_____

Certifying Authority

I hereby certify that the above information is true and correct to the best of my knowledge.

Head of Agency

Signature

Date _____