

CITY OF WICHITA, KANSAS
Citizen Access Card
Application Form



Citizen Access Cards are issued to **Non-City Employees**, including but not limited to city board appointees, media personnel, private citizens, elected officials from other jurisdictions and attorneys who enter City Hall to attend meetings or conduct official business on a re-occurring basis.

APPLICANT INFORMATION					Check Here If This Is A Renewal <input type="checkbox"/>		
Last Name			First			Middle Name	
Street Address						Apartment/Unit #	
City & County						State	
Zip Code			E-mail Address				
Home Phone			Cell Phone			Work Phone	
Aliases or Nickname(s)				Maiden Name/Previously Used Names			
Place of Birth (City, State/County, Zip)							
Driver's License Number & State			Other Govt. ID #			Alien Registration #	
KS Concealed Carry License Number			Date of Birth	Click here to enter a date		Social Security Number	
Race	Choose an item.		Sex	Choose an item.		Height	
Weight			Hair Color			Eye Color	
Are you an employee of the City of Wichita?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, you may not apply for the Citizen Access Card.				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you an alien illegally in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Are you under indictment or information in any court for a misdemeanor or felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever been convicted in any court of a felony offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever been convicted of a misdemeanor offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever entered into a diversion agreement for a misdemeanor or felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Are you, or have you been, subject to a Restraining order, Protection from Stalking Order, or Protection from Abuse Order?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever been subject to involuntary commitment for care and treatment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Are you an unlawful user of, or addicted to marijuana or any depressant, stimulant, narcotic drug or any other controlled substance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		Use additional pages if more explanation is needed above.		
NEED TO ENTER CITY HALL							
Occupation			Business Address				
What is your legitimate business need to enter City Hall?							

CITIZEN ACCESS CARD APPLICATION FORM

Authorization for Release of Information / Agreement Statement

I _____ [Click here to enter text.](#) _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Wichita Police Department, whether the said records are of a public, private, or confidential nature, to include a criminal background check from the Kansas Bureau of Investigation, if a background check is required.

The intent of this authorization is to give my consent for full and complete disclosure of the records to include criminal records or any records to validate the application process. I hereby authorize the Wichita Police Department (WPD) Security Section and/or WPD personnel to review any public records relating to my personal conduct and any other pertinent information in order to render a decision regarding the application.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this released authorization will be considered in determining my request for a Citizen Access Card granted by the City of Wichita Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability that may be incurred as a result of furnishing such information. I understand that the issuance of access cards is purely voluntary, and cards are intended only for the use of persons who have unblemished records, who will not present any concern for the safety and security of City Hall, employees and occupants. I understand Citizen Access Cards are the property of the City and are for official use only. The Citizen Access Card must be surrendered on demand by the WPD Security Section.

I agree to pay any and all charges or fees concerning this request. I understand and agree with the non-refundable application or renewal fee. The fee for individuals who are not Kansas Carry Concealed License holders is \$25.00, the fee for Kansas Carry Concealed License holders is \$15.00. Lost card replacement is \$15.00 and lost cards must be reported immediately.

I hereby agree to the following statements, requirements and prohibited activities related to the Citizen Access Card agreement:

1. I understand **ALL** weapons are prohibited in City Hall to include **ALL** firearms and their components/ammunition, knives, sprays (including pepper, CN and CS), and other items considered prohibited as identified in Attachment 1 to this application, "**PROHIBITED ITEMS.**" I understand that violation of any provisions of Administrative Regulation 5.5, Public Safety, City Hall Security Procedures, will result in revocation of such person's authority to enter City Hall through a restricted access entrance.
2. In accordance with 18 USC 926C and K.S.A. 21-4201, as affected by the Kansas Personal and Family Protection Act, sections 10(a) (7) and (a) (18), retired law enforcement personnel and firearms licensees are prohibited from carrying firearms in City Hall or other locations where a meeting of the governing body is being conducted.
3. I shall not tamper with, damage, deactivate, disable, defeat, modify or alter without authorization, any camera, alarm, Access Card, other security device, security program or component.
4. I shall not, without authorization of the WPD Security Section access any security system computer, computer program or component.
5. I shall not climb over or otherwise avoid ropes, gates, barriers or security procedures or permit another to do so.
6. I shall not prop open or remove an alarmed door, locked door, gate or barrier without the specific prior authorization of the WPD Security Section.
7. I shall not refuse to submit to security screening when required.
8. I shall not falsely identify myself to Security or Police personnel.
9. I am over eighteen (18) years of age and have not been convicted or released from any imprisonment after conviction of any disqualifying offense within five (5) years immediately preceding the date of this application.
10. I have not been charged or indicted in any court for a felony or any other crime, excluding traffic offenses.

11. I have a reoccurring need to visit City Hall in order to conduct **legitimate business** to attend meetings, court proceedings or to conduct official business.
12. I have not been served a restraining, protection from stalking, or protection from abuse order involving an "intimate partner" or child of such partner.
13. I am not addicted to any illegal drug or any other controlled substance.
14. I have never been adjudicated for any mental impairment, been involuntarily committed to a mental institution or designated a person with an alcohol or substance abuse problem subject to involuntary commitment.
15. I understand the granting of a Citizen Access Card is a privilege and not a right and that any breach of the terms and requirements of Administrative Regulation 5.5 may result in the suspension or termination of the Citizen Access Card.
16. I understand Citizen Access Cards are not transferable, and the loss of a Citizen Access Card must be reported to the WPD Security Section immediately.
17. I understand using another individual's Citizen Access Card, lending my card, allowing my card's use by another individual, using my card to allow anyone to avoid screening, or tampering with my card is prohibited.
18. Pursuant to the governing Administrative Regulation, I understand I will not accept items from any individual who is not authorized to bypass security, and will not bring such items into the building without such items being screened by security.
19. I understand that when using the Citizen Access Card it is my **obligation** to activate the card reader, then to approach the nearest WPD Security Officer, and then to display the photograph and card until such time as he/she acknowledges the card and grants me entry, or directs me through screening.
20. I understand the Citizen Access Card **will** be displayed at all times while in City Hall.
21. I understand that if I am arrested for any crime, misdemeanor or felony, or am served with a restraining, protection from stalking or protection from abuse order, it is my **obligation** to immediately notify the WPD Security Section, and to cease using the Citizen Access Card, until such time as the matter has been resolved, and I have received specific permission to resume use of the card from the WPD Security Section.
22. I have read the applicable information governing Citizen Access Card procedures in Administrative Regulation 5.5, I understand the terms and requirements, and agree to comply with all terms and requirements.

ACKNOWLEDGEMENT AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. This release is valid for one year from the date of my signature.

If this application leads to the granting of a CITIZEN ACCESS CARD, I understand that ANY false or misleading information in my application may result in revocation of my card access. I also understand that certain information contained on this form may be subject to the Kansas Open Records Act (KORA), which may result in this information being provided to the public or media.

Signature

Date

Subscribed and sworn this _____ day of _____, 20____.

 Notary Public
 My Appointment Expires:

This completed notarized application along with the relevant payment is submitted to the City of Wichita Finance Department Licensing Section on the first floor of City Hall at 455 N. Main. The current fee schedule for individuals who are not Kansas Carry Concealed License holders is \$25.00, the fee for Carry Concealed License holders is \$15.00. Please allow at least 30 days for processing before inquiry.

Attachment 1

PROHIBITED ITEMS

No person, without authorization, may bring any of the following items into City Hall:

- A. All weapons including, but not limited to the following:
 - Firearms, firearms components, guns of all types, ammunition
 - Knives, swords, daggers, ice picks, awls, straight razors, cutting and puncturing tools, cutting and piercing instruments & devices, pry tools
 - Axes, hatchets, cleavers and similar items
 - Crossbows, bows and arrows, spears, harpoons
 - Explosives, incendiary devices, gunpowder, flares, fireworks, gas torches
 - Mace, tear gas, chemical weapons, noxious gases, smoke generating devices
 - Clubs, batons, club-like items, brass knuckles, chains (non-jewelry), whips, impact weapons
 - Stun guns, Tasers, electrical weapons
 - Throwing stars, numchuks, martial arts weapons
 - Tools or non-weapon items containing weapon components
 - Components and replicas of the above items
- B. All destructive, caustic or hazardous chemicals, gases, liquids, devices and materials including, but not limited to:
 - Liquid bleach, ammonia, lye
 - Acids, batteries containing acid
 - Gasoline, kerosene, propane, fuels, solvents
 - Paint, including spray paint and paint markers
- C. Biological agents
- D. Radioactive materials
- E. Illegal drugs and drug paraphernalia
- F. Illegal items of any nature
- G. Alcohol and alcoholic beverages
- H. Animals other than working canines and service animals
- I. Lock-picking tools and handcuff keys
- J. Unauthorized ballistic resistant materials, devices and garments

CITY OF WICHITA, KANSAS
 Citizen Access Card
 Application Processing Form



Citizen Access Card holders are Non-City Employees. Fill in the spaces below with the requested information.

APPLICANT INFORMATION/Type Or Print Legibly				
Last Name		First Name (No Nicknames)		Middle Initial
Date of Birth		E-Mail Address		
Driver's License Number & State				
NOTE: IF THE CARD IS LOST OR STOLEN, IT MUST BE REPORTED IMMEDIATELY TO CITY HALL SECURITY.				
<i>FOR POLICE DEPARTMENT USE ONLY</i>				
<input type="checkbox"/> Issue Card <input type="checkbox"/> Destroy Card <input type="checkbox"/> Portal Access (M-F, 730am-530pm)				
SIGNATURE			PHONE	DATE
Security Section: Payment to Finance Verified - Application Complete				
Records Bureau: Background Check Complete <input type="checkbox"/> No CHRI <input type="checkbox"/> CHRI Attached				
Carry Concealed Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Admin Services Recommends: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval				
Deputy Chief: <input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur				
Human Resources: Photo Taken/Card Issued				
Security Section: Requested Access Completed				

Routing:

<input type="checkbox"/> City Hall Licensing	<input type="checkbox"/> Security	<input type="checkbox"/> Records	<input type="checkbox"/> Admin Services	<input type="checkbox"/> Deputy Chief	<input type="checkbox"/> Human Resources
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"><input type="checkbox"/> Security</div>					

Card Number: _____

Card Expiration Date: _____