

Form Q

**Kentucky Law Enforcement Council***AGENCY SUBMISSION FORM*

**MAIL:** Kentucky Law Enforcement Council  
Funderburk Building  
521 Lancaster Ave  
Richmond, KY 40475

**Phone:** 859-622-6218    **Fax:** 859-622-5943

**INSTRUCTIONS:** This form must be completed once, returned and kept on file in the office of the Kentucky Law Enforcement Council. It certifies who will do the testing for your agency.

**Please answer all areas:**

**AGENCIES WITH A JOB TASK ANALYSIS:**

- My agency has a Job Task Analysis which has been approved by KLEC
- My agency will seek approval from KLEC of our Job Task Analysis. I will submit a completed KLEC Form J – (JTA Submission)
- My agency will use KLEC Testing for:  
 Suitability Screener    Polygraph    Physical Fitness    Drug Screen    None

**PHYSICAL ABILITY TESTING**

- I certify that my agency will use KLEC testing as conducted by KLEC personnel.
- My agency will not use KLEC testing, but will submit our proposed exam by completing KLEC Form Q-6, attached (Physical Agility Approval).

**SUITABILITY SCREENING**

- I certify that my agency will use KLEC testing as conducted by KLEC personnel.
- My agency will not use KLEC testing, but will submit our proposed exam by completing KLEC Form Q-5 (Suitability Screening Approval).

**DRUG SCREENING**

- I certify that my agency will use KLEC testing as conducted by KLEC personnel.
- My agency will not use KLEC testing, but will submit our proposed screening by completing KLEC Form Q-3 (Drug Screening Approval).

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## POLYGRAPH EXAMINATION

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- I certify that my agency will use KLEC testing as conducted by KLEC personnel.
  - My agency will not use KLEC testing, but will submit our proposed exam by completing KLEC Form Q-4, attached (Polygraph Approval).
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## MEDICAL EXAMINATION

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- I certify that my agency will perform all medical examinations using KLEC Form G-1 (Medical Examination Report), (Medical History Statement), and G-3 (Medical Guidelines Implementation Manual)
  - I certify that my agency will use the KLEC Forms G-1, G-2 and G-3 and will also require additional testing.
  - My agency will not use KLEC FORMS G-1, G-2 and G-3 but will submit our proposed exam by completing KLEC Form Q-1, attached (Medical Examination Approval).
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## BACKGROUND INVESTIGATION

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- I certify that my agency will perform all background investigations using KLEC Form H-1 (Background Investigation).
  - I certify that my agency will use KLEC FORMS H-1 and will also investigate additional areas.
  - My agency will not use KLEC FORMS H-1, but will submit our proposed investigation by completing KLEC Form Q-2, attached (Background Investigation Approval)
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**Notice: This form must be refilled when your agency seeks to change its policy regarding any of the responses provided above. No testing can be done or certification issued to an agency's applicant if this form has not been submitted.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Agency Hiring Authority or Designee

\_\_\_\_\_  
Printed Name of Agency

\_\_\_\_\_  
Printed Name of Agency Hiring Authority or Designee

\_\_\_\_\_  
Agency Phone Number