

COURTHOUSE SECURITY PASS REACTIVATION APPLICATION

Reactivated Passes are valid through February 29, 2020 at designated courthouses
and the Pass period runs through July 31, 2020



PLEASE PRINT

Name: _____ M _____ F _____

Firm Name: _____

Address: _____ City, State, Zip: _____

Phone #: _____ E-mail address: _____

I am applying for (please mark one):

☐ **New Pass (\$60)**

Must be done in person at KCMBA.

☐ **Pass Renewal (\$40)**

☐ **Pass Replacement (\$25)**

Must be done in person at KCMBA.

CERTIFICATIONS, CONDITIONS AND REQUIREMENTS

I certify I am a licensed attorney in good standing in the following state(s):

State _____ Bar No.: _____ Year admitted _____

State _____ Bar No.: _____ Year admitted _____

Because I am an officer of the court, I will conduct myself accordingly in regard to all security matters that are required by the Sheriff's Department to ensure a safe and secure environment at the court facilities. I understand that by agreeing to these conditions and requirements, including the following, I am entitled to bypass the security screening equipment subject to random security screenings or utilize designated security screening lines or protocol, in designated courthouses:

1. I agree that if I attempt to enter the courthouse in possession of any type of firearm, weapon or other prohibited item then I will be refused entry; I will be subject to confiscation of the weapon/firearm and I will be subject to arrest and prosecution;
2. I further agree that if I attempt to enter the courthouse in possession of any type of firearm, weapon or other prohibited item, my KCMBA Courthouse Security Pass will be immediately and permanently deactivated and revoked and I will not be eligible to have my Pass reinstated at any time;
3. I will notify KCMBA should the pass be lost or stolen;
4. I will notify KCMBA if my license is suspended, revoked or I am no longer authorized to practice law;
5. I will present the pass for inspection by a Security Officer at any time;
6. I will not give, transfer or loan the pass to any other person;
7. I will comply with Mo. Rev. Stat 571.030, 571.107, Jackson County, MO Code §5534.4, and all other applicable statutes, regulations and ordinances prohibiting the carrying of a knife, a firearm (concealed or openly carried), a blackjack or any other weapon or material readily capable of lethal use into any circuit, appellate or supreme court, any courtroom or Jackson County owned, leased or controlled building;
8. I will surrender the pass when requested to do so by any Officer of the Sheriff's Security Division or KCMBA for violation of said provisions;
9. I understand that this security pass is a privilege granted to me because I am an officer of the court, but that it may be revoked if I do not abide by the terms and conditions provided herein. I understand my security pass will become deactivated if KCMBA receives notice of my suspension or disbarment.

Signature of Applicant: _____ Date: _____

PAYMENT DETAILS

Amount \$ _____ Type of Payment: ☐ CASH ☐ CHECK# _____

Credit Card: ☐ VISA ☐ MASTER CARD ☐ AMERICAN EXPRESS ☐ DISCOVER

Card No. _____ Expiration date _____

Name on Card _____

TO BE COMPLETED BY KCMBA STAFF ONLY

Card # _____

- ☐ Valid picture ID & bar card scanned
- ☐ NEW PASS/KS BAR only - Verify state licensure
- ☐ Verified current KCMBA member
- ☐ Misc. field updated in iMIS
- ☐ Security pass computer updated

Prepared by _____

iMIS ID # _____

- ☐ Email to Court for activation
- ☐ Payment entered in check register
- ☐ Form given to accounting
- ☐ Application copied to file

Please remit to: KCMBA | 2300 Main St., Ste. 100 | Kansas City, MO | 64108 | Fax: 816-474-0103 | membership@kcmba.org

New Passes and Pass replacements must be done in person at KCMBA.