



Kentucky Tobacco Retail Inspection Program

**Department of Alcoholic
Beverage Control
500 Mero Street 2NE33
Frankfort, KY 40601**

**Phone: (502) 564-4850
ABC.Enforcement@ky.gov
abc.ky.gov**

How to Become an Underage Purchaser/Investigative Aide with the Kentucky Tobacco Retail Inspection Program

1. What is the Kentucky Tobacco Retail Inspection Program?

The Department of Alcoholic Beverage Control (ABC) enforces federal and state retail tobacco laws, particularly those prohibiting tobacco retailers from selling tobacco products to persons under the age of 21.

With the help of Investigative Aides, ABC Investigators inspect tobacco retailers to make sure tobacco products are sold *only* to persons 21 years of age or older.

2. What is an Underage Purchaser/Investigative Aide?

Underage Purchasers/Investigative Aides make this program possible. An Investigative Aide is a person age 16 through 20 years-old who enters a tobacco retailer, such as a convenience store or grocery store, and attempts to purchase a tobacco product. This is called a “controlled buy.”

Underage Purchasers/Investigative Aides are accompanied by ABC Investigators who observe the “controlled buy.” If a tobacco product is sold to an Underage Purchaser/Investigative Aide, the product is given to the ABC Investigator who preserves it as evidence.

3. Why should you become an Underage Purchaser/Investigative Aide?

Investigative Aides are paid \$12.50 per hour. Scheduling is flexible, and done directly between the Underage Purchaser/Investigative Aide and the Investigators with whom they work.

You are providing a public service. Youth tobacco use is a danger to public health and this is one way the Commonwealth works to prevent underage tobacco use and improve the health of our state.

4. How do you sign up?

Complete the attached application. Obtain your parent or guardian’s consent, if you are 16 or 17 years old. Submit the completed application to the enforcement division either by mail or email at the address listed above.

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ALCOHOLIC BEVERAGE CONTROL

**INVESTIGATIVE AIDE – FDA TOBACCO RETAIL INSPECTION PROGRAM
APPLICATION FORM**

NAME _____

ADDRESS _____

ZIP CODE _____

COUNTY _____

DATE OF BIRTH _____ AGE _____

SOCIAL SECURITY NUMBER _____

HGT. _____ WGT. _____ HAIR _____ EYES _____

TELEPHONE (Home) _____ (Work) _____

(CELL) _____

EMAIL _____

ATTACH PHOTO HERE

Kentucky Resident: Yes No

Driver's license number and state issued: _____

Occupation: _____

Business / school: _____

Address: _____

Vehicle information (make – model – year): _____

Signature of Applicant for Investigative Aide _____ Date _____

Signature of Applicant's Parent or Guardian _____ Date _____

Witnessed by _____ Date _____

How did you hear about this program (circle one)? Website - Social Media - Friend/Relative - School - Other

Attach a Copy of Driver's License & Birth Certificate

FOR ABC OFFICE USE ONLY

Date accepted into program: _____

Birth Certificate received: Yes No

Driver's License received: Yes No



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ABC Form-IA
Agreement of
Understanding
Revised 03/31/2017

**FDA UNDERAGE
PURCHASERS/INVESTIGATIVE AIDE
PROGRAM AGREEMENT OF
UNDERSTANDING**

I, _____, being _____ years of age, and a Kentucky resident, agree to assist the Kentucky Department of Alcoholic Beverage Control (“Department”) in all investigations of tobacco sales to underage persons. I understand these investigations may be conducted under state law or as an agent of the federal government. I affirm herein that no member of my immediate family owns any interest in any establishment regulated by the Department. My participation is voluntary and on an “as needed” basis. I voluntarily and knowingly enter into this agreement.

I agree to respond truthfully as to my legal age and date of birth if asked by the retailer or an employee during an investigation. I also agree that my attire and overall appearance will be such as to make me appear to be my true age. I will earn an hourly wage of \$12.50. To enroll in this program, I agree to complete the Kentucky state Underage Purchasers/Investigative Aide application, and complete a brief online training session. I will be paid for the time spent completing the training.

I understand that in the unlikely event of an enforcement or judicial action, my identity may be revealed and, if needed, I may be asked to provide a narrative report, declaration, and/or give oral testimony in a hearing. I agree to remain available to testify as a witness and provide oral testimony for a minimum of five (5) years after leaving the program. My identity will be kept private and the only time it would be used is in the case of a hearing or if ordered by as court of law or by the Office of the Attorney General for an open record request.

I understand that I am not a law enforcement officer and will not represent myself in that manner at any time, and that I am not entitled to carry a firearm or a badge. I understand that participation in this program does not entitle me to any special privileges. The following shall include, but not be limited to, grounds for immediate termination from the program: (1) any violation of law except while under the direction of the Department or its agents or employees; (2) failure to abide by the terms of this agreement; (3) failure to follow the instructions or procedures of the Department; (4) engaging in alcohol or tobacco use; or (5) suffering any school-related problems including attendance and grades.

I understand that I shall not engage in any tobacco or alcoholic beverage use while participating as an investigative aide with the Department. I understand that I am not to sample any tobacco products purchased on behalf of the Department and shall promptly turn over any tobacco evidence to the Department for evidentiary purposes. I understand that I may be required to testify in judicial or administrative enforcement proceedings on behalf of the Department of Alcoholic Beverage Control, the Commonwealth of Kentucky, or the Food and Drug Administration.

Signature of Investigative Aide

Date

Witness

Date



ALCOHOLIC BEVERAGE CONTROL
PUBLIC PROTECTION CABINET
500 Mero Street, 2NE33
Frankfort, KY 40601
502-564-4850 (o)
502-564-7479 (f)

FDA UNDERAGE PURCHASER/INVESTIGATIVE AIDE PROGRAM

CONSENT TO OBTAIN EMERGENCY MEDICAL TREATMENT

The Department of Alcoholic Beverage Control's primary priority is the safety and well-being of Underage Purchasers/Investigative Aides. Therefore, as a precaution, we ask that parents or guardians provide consent to obtain emergency medical care for their child in the unlikely event such care is necessary. ABC Investigators will have a copy of the consent during inspections and will contact you immediately. If your child has any allergies or conditions, please include that information as well.

I, the undersigned parent and/or legal guardian of _____, (mm/dd/yyyy), _____, do hereby give consent to the Kentucky Department of Alcoholic Beverage Control and/or its employees or agents to obtain emergency medical care for my child and as otherwise permitted by KRS 214.185. This consent is effective beginning on the date below through my child's twenty-first (21st) birthday, and may be revoked at any time in writing.

Allergies/Conditions:

Name (please print)

Signature

Date