



New York State
DEPARTMENT OF STATE
Division of Licensing Services
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Security Guard Application Revised 3/2000

Please take the time to read the instructions in this package carefully before beginning the application form. Incomplete forms will be returned, delaying registration. Any omission, inaccuracy or failure to make full disclosure in an application may be deemed sufficient reason to deny a registration or could result in the suspension or revocation, if one is issued.

What is in this package?

This application package includes all the information and forms you will need to apply for registration as a security guard. A completed application will include:

- ◆ the 3-page application form;
- ◆ an original certificate showing completion of an 8-hour pre-assignment course;
- ◆ the \$36 application fee;
- ◆ a signed DMV Informed Consent;
- ◆ a DCJS fingerprint card and \$50 fee;
- ◆ if applying for armed security guard registration, a course completion certificate for 47 hours of firearms training (unless waived);
- ◆ any additional documentation requested in response to specific questions on the application form; and
- ◆ *if employment will commence with filing of your application*, the Notice of Employment section must be completed by your employer.

What does a security guard do?

A security guard, as defined in Article 7A of the General Business Law [§89-f(6)], is a person employed in New York State to principally perform one or more of the following functions for the: (a) protection of individuals and/or property from harm, theft or other unlawful activity; (b) deterrence, observation, detection and/or reporting of incidents in order to prevent any unlawful or unauthorized activity including but not limited to unlawful or unauthorized intrusion or entry, larceny, vandalism, abuse, arson or trespass on property; (c) street patrol service; or (d) response to but not installation of service of a security alarm system alarm installed and/or used to prevent or detect unauthorized intrusion, robbery, burglary, theft, pilferage and other losses and/or to maintain security of protected premises.

What training will I need?

All security guards are required to complete training programs conducted at approved training schools by certified instructors. These training programs include:

- ◆ **8-hour Pre-Assignment** — a general, introductory course. You must successfully complete this course and submit the original certificate with your application.
- ◆ **16-hour On-the-Job Training (OJT)** — relevant to the duties of guards, requirements of the work site and the needs of the employer. You must successfully complete this training *within 90 days of employment*.
- ◆ **8-hour Annual In-Service Training** — must be completed *within one calendar year* of completion of the 16-hour OJT course, *and every year thereafter*.

In addition to the above courses, security guards who carry a firearm must also complete:

- ◆ **47-hour Firearms Course**. You must successfully complete this training and submit the original certificate with your application for issuance of an armed guard registration card.
- ◆ **8-hour Annual Firearms Course** — must be completed *within one calendar year* of completion of the 47-hour firearms course, *and every year thereafter*.


For purposes of registration, you may be granted a waiver from training if you can demonstrate completion of training that meets or exceeds the minimum standards for the 8-hour pre-assessment or 47-hour firearms courses. Requests for waivers should be directed to the NYS Division of Criminal Justice Services, Security Guard Program. To request a waiver, contact DCJS directly at (518) 457-4135 (or write them at 4 Tower Place, Albany, NY 12203). If approved, DCJS will send you a waiver letter to submit with your application to the Department of State.

What is the application fee and term of registration?

The nonrefundable application fee for a security guard is \$36. The registration will be effective for two years.

What forms of payment do you accept?

You may pay by check or money order made payable to the Department of State or charge any fee to MasterCard or Visa.

Continued on reverse 

Cash will not be accepted. A \$20 fee will be charged for any check returned by your bank.

What are the fingerprint requirements?

Every applicant must provide fingerprints and pay a processing fee to the NYS Division of Criminal Justice Services (DCJS) *in addition to* the application/registration fee payable to the Department of State.

All fingerprints must be provided on a state fingerprint card. These are forwarded by the Division of Licensing Services to DCJS along with their fee (\$50 *per card*).

The fingerprint fee must be made payable to DCJS in the form of either a bank, U.S. Postal Service, American Express or Travelers Express money order or corporate check. Personal checks are not accepted.

Who is authorized to take fingerprints?

Fingerprinting can be performed by a designated employee of a security firm or an approved training school who has been previously fingerprinted. Fingerprints can also be taken by local and State Police, or sheriffs and chiefs of police.

When does the Notice of Employment section of the application need to be completed?

When employment will begin upon filing the application, you must have the Notice of Employment section completed by your prospective employer. An individual does not have to be employed to be registered.

Employers must determine the qualifications of each applicant for employment as a security guard. The employer must exercise minimum due diligence steps; specific steps are set forth in the Department of State rules, 19 NYCRR §174.6.

Do I need to complete the Child Support Statement section of the application?

Yes. A notarized Child Support Statement is mandatory in New York State (General Obligations Law). The law requires you to complete this section and have your signature notarized

— regardless of whether or not you have children or any support obligation.

Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended. The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

PRIVACY NOTIFICATION**Do I need to provide my Social Security and federal ID numbers on the application?**

Yes. The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligation Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by the Department of Children and Family Services or its authorized representative and child support enforcement agencies of other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at 41 State Street, Albany, NY 12231-0001.

It is important that you notify this division of any changes to your residential address so you can continue to receive renewal notices and any other notifications pertinent to your license.

OFFICE USE ONLY

UNIQUE ID NUMBER

TRANSACTION NO.

TRANSACTION DATE

[Grid for Unique ID Number]

[Grid for Transaction No.]

[Grid for Transaction Date]

Employee Statement and Security Guard Application

TYPE OR PRINT CLEARLY. Illegible applications will be returned for clarification, causing delays in licensure.

APPLICATION AS (CHECK ONE) Security Guard Armed Security Guard

A	APPLICANT'S LAST NAME, INCLUDING SUFFIXES		
	FIRST NAME		M.I.
B	APPLICANT'S HOME ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ASSURE DELIVERY)		
	CITY	STATE	ZIP + 4
	COUNTY	SOCIAL SECURITY NUMBER (SEE PRIVACY NOTIFIC'N)	
C	PLACE OF BIRTH	DATE OF BIRTH	
	D DAYTIME PHONE (IF PROBLEM WITH APPLICATION)		

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you a citizen of the United States or a legal resident of the United States in possession of a valid alien registration card? (If NO, you must attach an explanation) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or a felony? (If YES, submit a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must provide a copy of same) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? (If YES, you must provide a copy of the accusatory instrument (e.g., indictment criminal information or complaint) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied? (If YES, you must attach an explanation) . | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administrative law judge, arbitrator, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence? (If YES, you must attach an explanation) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been declared to be incompetent by reason of mental disease or defect which has not been removed by any court of competent jurisdiction? (If YES, you must attach an explanation) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever applied in this state or elsewhere for a registration/license as a security guard; watch, guard or patrol agency; or private investigator? | <input type="checkbox"/> | <input type="checkbox"/> |
- (If YES, attach an explanation and provide your UID _____)

Employee Statement *and* Security Guard Application

PRINT or TYPE below a complete record of your *occupation* during the last five years. Copy this page and attach as many sheets as needed.

NAME OF COMPANY	EMPLOYMENT STATUS	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	HOURS PER WEEK
COMPANY ADDRESS			
BUSINESS TELEPHONE ()	SUPERVISOR	DATES OF EMPLOYMENT	FROM: TO:
POSITION	DUTIES		

NAME OF COMPANY	EMPLOYMENT STATUS	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	HOURS PER WEEK
COMPANY ADDRESS			
BUSINESS TELEPHONE ()	SUPERVISOR	DATES OF EMPLOYMENT	FROM: TO:
POSITION	DUTIES		

NAME OF COMPANY	EMPLOYMENT STATUS	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	HOURS PER WEEK
COMPANY ADDRESS			
BUSINESS TELEPHONE ()	SUPERVISOR	DATES OF EMPLOYMENT	FROM: TO:
POSITION	DUTIES		

NAME OF COMPANY	EMPLOYMENT STATUS	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	HOURS PER WEEK
COMPANY ADDRESS			
BUSINESS TELEPHONE ()	SUPERVISOR	DATES OF EMPLOYMENT	FROM: TO:
POSITION	DUTIES		

NAME OF COMPANY	EMPLOYMENT STATUS	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	HOURS PER WEEK
COMPANY ADDRESS			
BUSINESS TELEPHONE ()	SUPERVISOR	DATES OF EMPLOYMENT	FROM: TO:
POSITION	DUTIES		

NAME OF COMPANY	EMPLOYMENT STATUS	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	HOURS PER WEEK
COMPANY ADDRESS			
BUSINESS TELEPHONE ()	SUPERVISOR	DATES OF EMPLOYMENT	FROM: TO:
POSITION	DUTIES		

Employee Statement and Security Guard Application

Child Support Statement — All applicants *must* complete this section, sign it and have it notarized. If you do not complete, sign or have this statement notarized, your application will be returned as incomplete.

I, the undersigned, being duly sworn, do hereby certify that:

[Check only A or B, below. If you check B, you must then check one of the five statements listed below B.]

A I am not under obligation to pay child support.

— OR —

B I am under obligation to pay child support *and* (please check only one of the following statements):

- I am not four months or more in arrears in the payment of child support; or
- I am making child support payments by income execution or by court approved payment plan or by a plan agreed to by the parties; or
- my child support obligation is the subject of pending court proceeding; or
- I am receiving public assistance or supplemental social security income; or
- None of the above four statements apply.

Affirmation — I affirm, under the penalties of perjury, that the statements made in my application are true and correct. I further affirm that I have read and understand the provisions of Article 7A of the General Business Law and the rules and regulations promulgated thereunder.

Applicant's Signature

X _____

Sworn to this _____ day of _____, 20____
in _____ County,
State of _____.

Notary Public

Notice of Employment

GUARD UNIQUE ID	GUARD LAST NAME	FIRST NAME	DATE OF HIRE
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I, _____, swear and affirm that I am the representative for the company identified as the employer and that I have verified the statements made by this employee and determined that these statements are true and correct to the best of my ability. I further attest that based on my verification of these statements, I find that the employee listed hereon is qualified for employment under the provisions of Articles 7 and 7-A of the General Business Law.

EMPLOYER UNIQUE ID	EMPLOYER BUSINESS NAME
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Employer Signature _____ *Date* _____

Please remember to include with this application any required explanatory statements, your \$36 application fee made payable to the Department of State, your fingerprint card and \$50 payment for DCJS, and the DMV Informed Consent Notice.