

FOR OFFICE USE ONLY

CASH#: _____

UID: _____

PREV. UID: _____

CLASS: _____

CODE: _____



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22052
Albany, NY 12201-2052
Customer Service: (518) 474-7569
www.dos.ny.gov

Employee Statement and Security Guard Application

FEE \$36

APPLICANT INFORMATION

Please TYPE or PRINT all responses in ink.

APPLICATION AS (Check only ONE):

Security Guard

Armed Security Guard

Applicant's Name:

LAST NAME

FIRST NAME

MIDDLE NAME

HOME ADDRESS (Required – P.O. Box may be added to ensure delivery)

APT/UNIT/PO BOX

CITY

STATE

ZIP+4

COUNTY (Enter only if in New York State)

APPLICANT'S PHONE NUMBER

E-MAIL ADDRESS

Social Security Number:

(*Required – See Privacy Notification)

Birth Date:

(Must be at least 18 years old to apply)

NYS DMV ID Number:

BACKGROUND QUESTIONS

Answer the following questions by checking the appropriate box.

- | | |
|---|----------------------------|
| <p>1. Are you an active or retired peace officer? IF "YES,"
 → Please read the attached Security Guard Training Advisory.
 → IF you qualify for an exemption, you must submit the documentation described in the Advisory.
 If you DO NOT qualify, you must submit training certificates.</p> | <p>ACTIVE RETIRED</p> |
| <p>2. Are you an active or retired police officer? IF "YES,"
 → Please read the attached Security Guard Training Advisory.
 → IF you qualify for an exemption, you must submit the documentation described in the Advisory.
 If you DO NOT qualify, you must submit training certificates.</p> | <p>ACTIVE RETIRED</p> |
| <p>3. Are you a citizen of the United States or a resident alien of the United States in possession of a valid alien registration card?
 → IF "NO," you must submit an explanation</p> | <p>YES NO</p> |
| <p>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license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied?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 submit an explanation.</p> | <p>YES NO</p> |
| <p>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, arbiter, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence?
 → IF "YES," you must submit an explanation or request a waiver.</p> | <p>YES NO</p> |
| <p>6. Have you ever applied in this state for a registration/license as a security guard?
 → IF "YES," please provide the license number.
 → IF "YES," you do not need to re-take the 8-hour pre-assignment training course.</p> | <p>YES NO</p> |

CHILD SUPPORT STATEMENT

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support OR if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by a plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

CRIMINAL HISTORY

The Department of State will be receiving and reviewing information on any prior criminal arrests or convictions. If you have pending criminal charges or a prior conviction, please provide a statement explaining same and copies of any records received from the criminal court.

A completed application must include: (Use this checklist to make sure you have included/completed all requirements.)

- The completed, signed application;
- Receipt that provides proof of electronic fingerprinting by an approved vendor;
- \$36.00 non-refundable application fee payable to the NYS Department of State;
- A copy of the 8-hour pre-assignment training certificate;
- Any additional documentation requested in response to specific questions on the application form;
- Notice of Employment section must be completed by your employer if employment will commence with filing of your application;
- If applying for an armed security guard registration, a course completion certificate for 47 hours of firearms training, or a copy of the waiver issued by the Division of Criminal Justice Services (if waived – please see Security Guard Training Advisory)

Note: Security guard employers should maintain one copy of each item listed above in personnel files for each of their guards.

APPLICANT AFFIRMATION

I affirm, under the penalties of perjury, that the statements made in this 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.

In addition, I hereby authorize the NYS Department of State and NYS Department of Motor Vehicles to produce and ID card bearing my DMV photo. I understand that DOS and DMV will use my DMV photo to produce all subsequent ID cards for as long as I maintain my license with the Department of State.

X _____
Applicant's Signature Date Signed

Print Name:

NOTICE OF EMPLOYMENT

If employment will commence with the filing of your application, this section MUST be completed by your employer.

DATE OF HIRE:

TRANSACTION NUMBER:

TRANSACTION DATE:

GUARD'S NAME:

GUARD'S SOCIAL SECURITY NUMBER:

EMPLOYER'S UID:

EMPLOYER'S BUSINESS NAME:

I, (Please Print) _____, 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.

X _____
Employer's Signature Date Signed