

New York State Division of Criminal Justice Services
POLICE OFFICER REGISTRY ENTRY FORM - CERTIFICATION OF INITIAL EMPLOYMENT
 (Executive Law § 845)

SECTION I – REGISTRANT INFORMATION (To be completed by the registrant)

Were you previously a police officer in NYS? Yes No Police Officer as defined by NYS Criminal Procedure Law §1.20.	Last Name	First Name	MI	Date of Birth	Gender M F	Social Security Number*
	Home Residence Mailing Address			City, State, Zip		County of Home Residence
	Home Residence Street Address (if Different)		City, State, Zip		City, State, Country of birth (if other than U.S.)	
I am the person named above. I understand that the information in Section I is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.						
Signature						Date

*Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.

SECTION II – AGENCY INFORMATION (To be completed by the chief law enforcement officer)

Last Name	First Name	MI	Title of Person Signing Section II
Name of Law Enforcement Agency			Telephone
Address		City, State, ZIP	
Type of Appointment Full-time Part-time	Background Check Conducted Yes No	Residency Verified Yes No	Fingerprints submitted to DCJS Yes No
I am the chief law enforcement officer responsible for appointing the person named in Section I as a police officer of the above named law enforcement agency. I understand that the information in Section II is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief. I understand I am responsible for providing the registrant with the requisite training pursuant to §209-q of the General Municipal Law.			
Signature			Date

SECTION III – CIVIL SERVICE INFORMATION (To be completed by the civil service officer for all registrants Full or Part-time)

Last Name	First Name	MI	Title of Person Signing Section III
Name of Civil Service or Personnel Agency			Telephone
Address		City, State, ZIP	
Title and Civil Service Classification of the Registrant			
I am the civil service officer responsible for certifying the appointment of individuals appearing on the payroll of the law enforcement agency named in Section II. I understand that the information in Section III is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.			
Signature			Date

SECTION IV – OATH OF OFFICE (To be completed by the registrar responsible for recording oaths of office)

Last Name	First Name	MI	Title of Person Signing Section IV
Name of Recording Office			Telephone
Address		City, State, ZIP	
Oath of Office Date	Oath of Office Title of the Registrant		
I am the officer responsible for recording the oaths of office of individuals appointed as police officers of the law enforcement agency named in Section II. The person named in Section I has filed an oath of office as a police officer, pursuant to an appointment received from the person named in Section II. I understand that the information in Section IV is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.			
Signature			Date