

SECURITY GUARD PROGRAM - SECURITY GUARD CLASS ROSTER / NOTIFICATION OF SUCCESSFUL COMPLETION

THIS FORM IS USED TO SUBMIT NAMES OF PERSONS WHO SUCCESSFULLY COMPLETED SECURITY GUARD TRAINING REQUIRED BY ARTICLE 7 OF THE GENERAL BUSINESS LAW §89-N. FORMS PRESENTED FOR FILING MUST CONTAIN ORIGINAL SIGNATURES. ALTHOUGH THE BLANK FORM MAY BE DUPLICATED, PHOTOCOPIES OF COMPLETED FORMS, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED. OMISSIONS OR LACK OF INFORMATION WILL **STOP** THE PROCESS.

Within seven days of completion of the class, the form must be forwarded to the Division of Criminal Justice Services, Security Guard Program. The number of individuals in any **class can not exceed 35**.

SECTION I - SCHOOL INFORMATION

Type the information required for each box. The form cannot be processed if any of the information is missing. Record the school identification number **EXACTLY** as provided. Incomplete rosters or erroneous forms will be returned.

SECTION II - AFFIRMATION

This section contains an affirmation regarding the accuracy of this form and course content. This section **must** be signed and dated. **ORIGINAL SIGNATURES ONLY.**

SECTION III - CLASS LIST

Enter the names of the students who **successfully completed the training only**. All information must be typed in the areas provided. Please include the area code with the telephone number.

<p>SECTION I - SCHOOL INFORMATION (To be completed by School)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">SCHOOL IDENTIFIER</td> <td style="width: 40%; border: none;">YEAR TRAINED</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	SCHOOL IDENTIFIER	YEAR TRAINED			<p>Security Guard Program Use Only</p> <p>SESSION NUMBER</p> <table style="margin: auto; border: 1px solid black;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"> School Name & Training Site Address _____ _____ _____ School Director _____ </td> <td style="width: 55%; padding: 5px;"> <p>Course Dates (mm/dd/yyyy)</p> From _____ To _____ <p>Course Number and Title (Check one only)</p> (700) 8 Hour Pre-Assignment Training Course for Security Guards (701) 16 Hour On the Job Training Course for Security Guards (703) 8 Hour Annual In-service Training Course for Security Guards <p style="text-align: center;">FIREARMS COURSES</p> (702) 47 Hour Firearms Training Course for Security Guards (704) 8 Hour Annual In-service Training Course for Armed Security Guards <p style="text-align: center;">OTHER</p> (705) 40 Hour Security Guard Instructor Development Course </td> </tr> </table>	School Name & Training Site Address _____ _____ _____ School Director _____	<p>Course Dates (mm/dd/yyyy)</p> From _____ To _____ <p>Course Number and Title (Check one only)</p> (700) 8 Hour Pre-Assignment Training Course for Security Guards (701) 16 Hour On the Job Training Course for Security Guards (703) 8 Hour Annual In-service Training Course for Security Guards <p style="text-align: center;">FIREARMS COURSES</p> (702) 47 Hour Firearms Training Course for Security Guards (704) 8 Hour Annual In-service Training Course for Armed Security Guards <p style="text-align: center;">OTHER</p> (705) 40 Hour Security Guard Instructor Development Course							
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MAIL COMPLETED FORMS TO: NYS Division of Criminal Justice Services
 Security Guard Program
 4 Tower Place, 4th Floor
 Albany, NY 12203-3764

QUESTIONS: Contact Security Guard Program Staff at (518) 457-4135.

SECTION II – AFFIRMATION

I hereby certify that the individuals listed below have successfully completed all aspects of this course and that the curriculum for this course has not been altered in either content or duration from that which was approved. I further certify that this course meets the minimum standards set forth by rule or statute. I affirm under penalty of perjury that the statements made on this form, including all attachments, are true and correct to the best of my knowledge.

School Director Signature _____ Date _____

SECTION III - CLASS LIST

Social Security #	Name: Last, First, MI	Date of Birth	Sex	Home Phone#
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