

**SECURITY GUARD PROGRAM – ARMED SECURITY GUARD INSTRUCTOR APPLICATION**

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THIS FORM IS USED TO APPLY FOR ARMED SECURITY GUARD INSTRUCTOR CERTIFICATION. 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 REVIEW PROCESS.

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**A non-refundable fee of \$500 must be submitted with the Security Guard Instructor Application. Payment must be in the form of a money order, bank certified check, or corporate check and made payable to the NYS Division of Criminal Justice Services (DCJS). An Armed Security Guard Instructor Review Worksheet for self evaluation purposes is included with this application to assist in determining if the application contains all the required information and meets minimum requirements for submission to DCJS. A non-refundable fee of \$500 must be submitted with the application. Since the application fee is non-refundable, it is recommended that the applicant complete the Worksheet before submitting the application to DCJS. Questions concerning the completion of the Worksheet should be directed to Security Program staff at (518) 457-3580.**

Pursuant to the (9)NYCRR 6029.2, this application is used for persons who possess a combination of education, teaching experience, formal instructor training, and security experience and are seeking certification as an Armed Security Guard Instructor. DCJS reserves the right to require further documentation as necessary to properly classify and/or verify the information and experience contained herein.

**SECTION I: APPLICANT INFORMATION**

Type or print legibly, the applicant's last name, first name, middle initial, date of birth, social security number\*, gender, address information, and telephone number. If the applicant is temporarily living away from home (e.g. enrolled at a college or university, on military assignment, etc.) **DO NOT** list the temporary address. Indicate if you have been convicted of a crime. If yes, provide an explanation and **contact DCJS staff at 518-457-3580 before submission of the application.**

**\*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 – EDUCATION**

Indicate highest level of education completed.

**SECTION III - EMPLOYMENT EXPERIENCE**

Years and months as a police officer, peace officer, or security guard. If applicable, a copy of the firearms license must be submitted with the application.

**SECTION IV – INSTRUCTOR TRAINING**

The applicant must provide the following information for the instructor course **completed**: title (name of course), what entity administered the training, and the course length (number of hours). Only DCJS approved courses, such as the Instructor Development Course (Methods of Instruction - NYPD), Security Guard Instructor Development Course, or a valid NYS Teachers Certificate.

**SECTION V - INSTRUCTOR EXPERIENCE**

Enter the total number of years as an instructor with a security guard, criminal justice, and law enforcement agency or company. List the locations and dates of training you provided within the last five years. If you require additional space, attach a separate sheet using the same format.

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**SECTION VI – ATTESTATION**

**This is an attestation to the accuracy of information supplied on the application.** Indicate whether or not DCJS is authorized to release your contact information on a listing of security guard schools and/or instructors. **This must be signed and sworn to by the applicant before a notary public.** Failure to complete this section as required will **STOP** the application process.

Where applicable, include the following:

- Original letter from employer verifying employment experience and employment dates.
- Course completion certificate or documentation verifying satisfactory completion with dates of instructor course(s).
- Other than this application, **do not submit original documentation** unless specifically requested to do so. Submitted documents will not be returned.

**MAIL APPLICATION AND PAYMENT TO:**

Kimberly Szady, Director of Finance  
NYS Division of Criminal Justice Services  
Office of Financial Services  
4 Tower Place  
Albany, NY 12203

**\*Do Not Mail Cash, Personal Checks, or Credit Cards**

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**ARMED SECURITY GUARD INSTRUCTOR REVIEW WORKSHEET**

This Armed Security Guard Instructor Review Worksheet is for completion by the applicant for **self evaluation purposes** to assist in determining if the application contains all the required information and meets minimum requirements for submission to the Division of Criminal Justice Services (DCJS). A non-refundable fee of \$500 must be submitted with the application. Since the **application fee is non-refundable**, it is recommended that the applicant complete the worksheet before submitting the application to DCJS.

**\*REFER TO THE INSTRUCTIONS FOR DETAILED INFORMATION ON COMPLETING THE APPLICATION.**

**PART I**

SECTIONS I-V – Applicant Information, Education, Employment Experience, Instructor Training and Instruction Experience

**Is the original copy of the letter from the employer verifying dates and type of employment included with the application?** YES NO

**Is a copy of the course completion certificate included with the application if it is a DCJS approved instructor course?** YES NO

**Has all applicable information been provided in these sections?** YES NO

SECTION VI – Attestation

**Is an answer provided for the release of your information on the Instructor Listing?** YES NO

**Is the application signed, dated, and sworn to by the applicant before a Notary Public?** YES NO

APPLICATION FEE

**Is the \$500 non-refundable application fee included with the application?** YES NO

**PART II**

**THE APPLICANT MUST MEET THE REQUIREMENTS OUTLINED IN STANDARDS A-C.** Complete the section below to determine if you meet these requirements.

**Standard A** The applicant must have been a police/peace officer or security guard supervisor/manager for a period of three years and must have carried a firearm in the performance of their official duties during the three year period and in accordance with applicable licensing requirements of §400.00 of the Penal Law. The requirement of three years carrying a firearm in the performance of their official duties does **not** have to be immediately preceding the application. Individuals who are not otherwise exempt from pistol licensing requirements **must possess** the required license in accordance with §400.00 of the Penal Law and **must include a copy of the license with the application.**

1. Has the applicant been a police/peace officer or a security guard supervisor/manager for a period of three years? YES NO

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If yes, does or did the applicant carry a firearm in the performance of their official duties and in accordance with applicable licensing requirements of §400.00 of the Penal Law? YES NO

2. Does the applicant possess the required license if not exempt from firearms licensing requirements in accordance with §400.00 of the Penal Law? YES NO

If yes, is a copy of the license included with the application? YES NO

**DOES THE APPLICANT MEET STANDARD A?** YES NO

**Standard B** The applicant must have successfully completed one of the below listed firearms instructor courses.

1. Has the applicant completed one of the below courses? YES NO

If yes, place a check in the box next to the course title.

NYS Municipal Police Training Council  
NYS Department of Correctional Services  
NYS Division of State Police  
New York City Police Department, with instructor development component  
NRA Law Enforcement Handgun Only Instructor (44 Hours)  
NRA Security Guard Instructor (44 Hours)  
NRA Law Enforcement Instructor Development School for Shotgun & Handgun (44 Hours)  
U.S. Coast Guard  
U.S. Department of Energy  
Smith and Wesson Academy (80 Hours)  
Governmental to include military or privately operated schools with an approved program that meets or exceeds minimum requirements as set forth by the Commissioner  
Federal Bureau of Investigation  
Federal Law Enforcement Training Center  
United Nations Firearms Instructor Course (80 Hours)

**DOES THE APPLICANT MEET STANDARD B?** YES NO

**Standard C** The applicant must have provided firearms training in a formal setting within the five year period immediately preceding application; or have successfully completed the required firearms course within the twelve month period immediately preceding application.

1. Has the applicant provided firearms training in a formal setting within the five year period immediately preceding application? YES NO

**OR**

2. Has the applicant successfully completed the required firearms course within the twelve month period immediately preceding application? YES NO

**DOES THE APPLICANT MEET STANDARD C?** YES NO

**\*Do not submit application if you do not meet the requirements outlined in Standards A-C.**

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**SECTION I – APPLICANT INFORMATION** (to be completed by the applicant)

Last Name	First Name	MI	Date of Birth	Social Security Number*	Gender
Home Mailing Address		Apt./Suite#	City, State		Postal Code
Home Residence Address (if Different)		Apt./Suite#	City, State	Postal Code	County of Home Residence
Home Telephone Number (area code first)		Alternate Telephone Number (area code first)		Cellular Telephone Number (area code first)	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please refer to instructions.			

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**SECTION II – EDUCATION**

Highest Grade Completed: <input type="checkbox"/> HS/GED <input type="checkbox"/> AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MS/MA <input type="checkbox"/> Phd./JD				Area of Concentration	
College Credits/Degree in:		Credits	Have you completed the NYS 8-Hour Pre-assignment Training Course for Security Guards?		
<input type="checkbox"/> Criminal Justice <input type="checkbox"/> Security Management			<input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION III – EMPLOYMENT EXPERIENCE**

<input type="checkbox"/> Security Guard	Years/mos	<input type="checkbox"/> Peace Officer	Years/mos	<input type="checkbox"/> Police Officer	Years/mos	If applicable, firearms license No.
<b>An original copy of the letter from the employer verifying dates and type of employment must be included and a copy of the firearms license.</b>						

**SECTION IV – INSTRUCTOR TRAINING** (DCJS Approved Instructor courses only)

Course Title	Administered by	Course Length (hours)
<b>A copy of the course completion certificate must accompany the application.</b>		

**SECTION V – INSTRUCTOR EXPERIENCE**

Enter the total number of years as an instructor with a security, criminal justice and/or law enforcement agency/company.  
 List the agency/company for which you have provided instruction over the last five years. If you require more space, attach additional sheets.  
 Include official documentation which demonstrates your participation in each instance listed.

Name of Entity	mm/dd/yyyy	Years
Name of Entity	mm/dd/yyyy	m/dd/yyyy
Name of Entity	mm/dd/yyyy	m/dd/yyyy
Name of Entity	mm/dd/yyyy	m/dd/yyyy

**An original copy of the letter from the employer verifying dates and type of instruction must be included.**

**SECTION VI – ATTESTATION**

**Applicant Attestation:** This affidavit must be signed and sworn to by the Applicant before a Notary Public. I hereby attest that the information provided in this application is true to the best of my knowledge and belief. I understand that any omission or inaccuracy may be deemed sufficient reason to deny approval. I understand that the Division of Criminal Justice Services may ask for additional information/documentation.

I give permission to the Division of Criminal Justice Services (DCJS) to release my name, address and telephone number to those requesting general information on, or a listing of, NYS Certified Security Guard Instructors.     Yes     No

Notary Stamp

\_\_\_\_\_  
Applicant Signature

<b>FOR DCJS USE ONLY</b>	<b>FOR DCJS USE ONLY</b>	Sworn and subscribed before me this ____ day of _____ 20__
Reviewed By:	Date:	_____ Notary Signature

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Sample employment verification letter, to be submitted **on agency/company letterhead**.

Date

NYS Division of Criminal Justice Services  
Office of Public Safety - Security Guard Program  
4 Tower Place, 4<sup>th</sup> Floor  
Albany, NY 12203-3702

**(Applicant Name)** has been continuously employed as **(position)** with the **(department/agency name)** from **(start date)** to **(end date)**.

Sincerely,

Agency/Company CEO  
Title