



THIS FORM IS USED TO APPLY FOR RENEWAL OF 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 APPROVAL PROCESS.

A \$250 non-refundable fee must be submitted for each certification renewal. If applying for renewal as a security guard instructor, the application fee is \$250. If applying for renewal as an armed security guard instructor, the application fee is \$250. If applying for renewal as a security guard instructor AND armed security guard instructor, the application fee is \$500. 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 (DCJS).

Pursuant to the (9)NYCRR 6029.3, this application is used for persons who, or possess a combination of education, teaching experience, formal instructor training, and security experience and are seeking certification as a 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, 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. Check the type of instructor certification renewal (general topics, firearms, or both). If applying for the renewal of firearms instructor certification, the applicant must submit documentation verifying instruction of a DCJS approved firearm(s) training course within the last five years. Approved firearms courses include the 47 Hour Firearms Training Courses for police and peace officers and security guards; and the Annual Firearms Courses for peace officers and security guards. If applicable, a copy of the firearms license must be submitted. Check the appropriate box(es) regarding criminal conviction, pending criminal charges, and revocations or denials of any license, permit, commission, registration, or application. If answering yes to any of the questions, contact DCJS staff at 518-457-3580 before submission of the application. Incomplete submissions will not be processed.

*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 applicant. 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 – APPLICANT AFFIRMATION

This is an affirmation 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.

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

QUESTIONS

If you have any questions regarding this form, call (518) 457-4135 for assistance.

New York State Division of Criminal Justice Services
SECURITY GUARD PROGRAM – SECURITY GUARD INSTRUCTOR RENEWAL APPLICATION



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			Zip Code
Home Residence Address (if Different)	Apt./Suite#	City, State		Zip Code	If applicable, firearms license No.
Home Telephone Number (area code + number)	Alternate Telephone Number (area code + number)		General Topics	Firearms	

Has the Applicant ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony of a crime? No Yes
If yes, you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit 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 submit a copy with this application.

Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? No Yes
If yes, you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).

Has any license, permit, commission, registration or application for a license, permit, commission, or registration held by you or a company in which you are or were a principal or employee in New York State or elsewhere ever been revoked, suspended or denied by any state, territory or governmental jurisdiction or foreign country, for any reason? No Yes
If yes, you must submit all relevant documents, including the agency determination, if any.

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SECTION II: APPLICANT AFFIRMATION

Applicant Affirmation: This affidavit must be signed and sworn to by the Applicant before a Notary Public. I hereby affirm, under penalties of perjury, that the information provided in this application is true to the best of my knowledge and belief. I understand that any material misstatement may be deemed sufficient reason to deny approval, or may result in the suspension or revocation of my instructor certification, if issued. I further understand that the Division of Criminal Justice Services (DCJS) may ask for additional information/documentation.

I give permission to the Division of Criminal Justice Services 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

Sworn and subscribed before me
 this _____ day of _____ 20_____

Notary Signature _____

FOR DCJS USE ONLY

Reviewed By: _____ Date _____