

New York State Division of Criminal Justice Services
SECURITY GUARD PROGRAM – SECURITY GUARD TRAINING SCHOOL APPLICATION



SECTION I: TRAINING SCHOOL INFORMATION

School Name		FOR DCJS USE - School Code	
Street Address		Room/Suite	
City, State, Zip Code		County	
Telephone Number (area code + number)		Facsimile Number (area code + number) (optional)	
School Owner's Name		Gender	*Social Security Number
Telephone Number (area code + number)	Email Address (REQUIRED)		Facsimile Number (area code + number)(optional)
<p>Has the SCHOOL OWNER ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony of a crime? <input type="checkbox"/> No <input type="checkbox"/> 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.</p> <p>Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).</p> <p>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held by you or a company in which you are or were a principal or employee in New York State or elsewhere ever been revoked, suspended or denied by any state, territory or governmental jurisdiction or foreign country, for any reason? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, you must submit all relevant documents, including the agency determination, if any.</p>			
School Director's Name		Gender	*Social Security Number
Telephone Number (area code + number)	Email Address (REQUIRED)		Facsimile Number (area code + number)(optional)
<p>Has the SCHOOL DIRECTOR ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony of a crime? <input type="checkbox"/> No <input type="checkbox"/> 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.</p> <p>Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).</p> <p>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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, you must submit all relevant documents, including the agency determination, if any.</p>			
School Co-Director's Name		Gender	*Social Security Number
Telephone Number (area code + number)	Email Address (REQUIRED)		Facsimile Number (area code + number)(optional)
<p>Has the SCHOOL CO-DIRECTOR ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony of a crime? <input type="checkbox"/> No <input type="checkbox"/> 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.</p> <p>Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).</p> <p>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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, you must submit all relevant documents, including the agency determination, if any.</p>			

SECTION II - SHIPPING INFORMATION

In order to provide mandated security guard training, approved security guard training schools and armed guard training schools must utilize Optical Mark Reader (OMR) forms for submission of training information to DCJS. These forms are provided by DCJS; however the school is responsible for the cost associated with shipping the forms. Provide a valid shipping account number with a company of your choosing. **Failure to provide this information will STOP the process.**

Shipping Company	Account Number
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SECTION V – CERTIFIED SECURITY GUARD INSTRUCTORS

GT= General Topics Instructor / FA= Firearms/Armed Security Guard Instructor (Check all that apply). If additional space is required, attach a separate sheet.		Instructor Certifications
*Social Security Number	(Last Name, First Name, MI)	<input type="checkbox"/> FA <input type="checkbox"/> GT
*Social Security Number	(Last Name, First Name, MI)	<input type="checkbox"/> FA <input type="checkbox"/> GT
*Social Security Number	(Last Name, First Name, MI)	<input type="checkbox"/> FA <input type="checkbox"/> GT

SECTION VI - 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 the school approval, if issued. I further understand that the School Director must attend the School Director Orientation Seminar required by Division of Criminal Justice Services (DCJS) and DCJS may ask for additional information/documentation.

I give permission to the Division of Criminal Justice Services (DCJS) to include the school information on the listing of approved security guard training schools made available to the public. Yes No

Notary Stamp

Printed Name of Applicant (School Owner)

Applicant Signature

FOR DCJS USE ONLY

Reviewed By: _____

FOR DCJS USE ONLY

Date: _____

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

Notary Signature