

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

THIS FORM IS USED TO APPLY FOR A WAIVER OF REQUIRED TRAINING FOR SECURITY GUARDS. 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.

The following law enforcement personnel are **exempt** from the 8 Hour Pre-Assignment Training Course for Security Guards, the 16 Hour On-the-Job Training Course for Security Guards and/or the 47 Hour Firearms Training Course for Armed Security Guards and should contact the Department of State, Division of Licensing directly at (518) 474-7569. **DO NOT complete this form.**

- Active Police Officers (as defined by Criminal Procedure Law (CPL) §1.20(34)),
- Former Police Officers*,
- New York State Correction Officers (NYS DOCS) as defined in CPL §2.10 (25).
- Bridge and Tunnel Officers, Sergeants, and Lieutenants from the Triborough Bridge and Tunnel Authority as defined in CPL §2.10 (20),
- Uniformed Court Officers and Court Clerks of the Office of Court Administration as defined in CPL §2.10(21)(a)(b), and
- Sheriffs, Undersheriffs, and Deputy Sheriffs of the New York City Sheriff's Office and sworn officers of the Westchester County Department of Public Safety as defined in CPL §2.10 (2).

Peace officers not specifically named above may apply for a waiver of the 8 Hour Pre-Assignment Training Course for Security Guards, the 16 Hour On-the-Job Training Course for Security Guards and/or the 47 Hour Firearms Training Course for Armed Security Guards.

Peace officers, not specifically named above, seeking a waiver of the 47 Hours Firearms Training Course for Armed Security Guards must be:

1. Authorized to carry a firearm in the performance of their official duties.
2. Been employed in such capacity for at least 18 months.
3. Possess a **valid certificate** awarded pursuant to subdivision six of CPL §2.30 attesting to his or her successful completion of the training requirements imposed by CPL §2.30. A certificate shall remain valid:
 - (a) during the holder's continuous service as a peace officer;
 - (b) for two years after the date of the commencement of a separation of service where the holder had, immediately prior to such separation, served as a peace officer for less than two consecutive years; or
 - (c) for four years after the date of the commencement of a separation of service where the holder had, immediately prior to such separation, served as a peace officer for two consecutive years or longer.

*Police and peace officers who have been retired for more than 10 years at the time of application must complete the 8 Hour Annual In-service Training Course for Security Guards.

Retired or former police and peace officers who are applying for a special armed guard registration card who have not completed initial firearms training within the twelve months prior to employment as a security guard, must complete the 8 Hour Annual In-service Training Course for Armed Security Guards **prior to applying** with the Department of State, Division of Licensing Services.

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

This section must be completed by the applicant. Only individuals who have completed the previous security guard program training or the Basic Course for Peace Officers with Firearms and Deadly Physical Force or Basic Course for Peace Officers and an Initial Firearms and Deadly Physical Force Course may apply for a waiver.

Type or print legibly, the applicant's last name, first name, middle initial, date of birth, Social Security Number, sex, telephone number, address information, and pistol license information. Enter the complete home mailing address, home street address if different, and county of home residence. 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. Incomplete submissions will not be processed.

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SECTION II - EMPLOYMENT EXPERIENCE

Fill in the dates and number of years and months worked for any categories being claimed as work experience. **The applicant is required to submit an original letter from the employer verifying employment dates and experience.** Verification of law enforcement employment will be confirmed through the Peace Officer Registry within the Division of Criminal Justice Services.

SECTION III - TRAINING COURSE FOR WHICH APPLICANT IS REQUESTING A WAIVER

Check the box(es) for the courses for which you are applying for a waiver. Documentation requirements are listed below according to employment status. **Submit documentation of pertinent employment only.**

Security Guards

A Security Guard Program course completion certificate verifying satisfactory completion of the 8 Hour Pre-Assignment Training Course for Security Guards and the 16 Hour On-the-Job Training Course for Security Guards and the dates of each course.

Armed Security Guards

Security Guard Program course completion certificates verifying satisfactory completion of the 8 Hour Pre-Assignment Training Course for Security Guards, the 16 Hour On-the-Job Training Course for Security Guards, and the 47 Hour Firearms Training Course for Armed Security Guards and the dates of the course. Please include a photocopy of a valid pistol license issued pursuant to NYS Penal Law §400.00.

Peace Officers

If it has been more than 1 year since the completion of the Initial Firearms Course, former peace officers determined to qualify for a waiver of the 47 Hour Firearms Training Course for Security Guards, **proof of successful completion of the Eight Hour Annual Firearms Course for Armed Security Guards or an MPTC Annual Firearms Course (completed within twelve months of date of application)** must be submitted with the waiver application.

SECTION IV – ATTESTATION

This is an attestation to the accuracy of information supplied on the application. **This must be signed and sworn to by the applicant before a notary public.** Failure to complete this section as required will **STOP** the training waiver process.

MAIL APPLICATION TO:

Where applicable, include the following:

- Original letter from employer verifying employment experience and employment dates (see sample letter).
- Course completion certificate or documentation verifying satisfactory completion with dates of course(s).
- Copy of curriculum with NYS mandated security guard topics, objectives, and number of hours highlighted.
- Persons not authorized by law to carry a firearm as a peace officer must provide a copy of their pistol license when applying for a waiver of the 47 Hour Firearms Training Course for Armed Security Guards.
- Other than this application, **do not submit original documentation** unless specifically requested to do so. Submitted documents will not be returned.

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

QUESTIONS

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

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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, 4th Floor
Albany, NY 12203-3702

(Applicant Name) has been continuously employed as **(position)** with the **(department/agency name)** from **(start date)** to **(end date)**. They **(are/are not)** authorized to carry a firearm in the performance of their official duties and has been since **(date armed)**.

Our records indicate **(he/she)** has completed annual training in firearms as of **(date of completion)**.

Sincerely,

Agency/Company CEO
Title

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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*	Sex
Home Residence Mailing Address			City, State, Postal Code		
Home Residence Mailing Address (if Different)		City, State, Postal Code		Apt./Suite#	County of Home Residence
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. Attach another sheet if necessary.			
Home Telephone Number (Area Code First)		Alternate Telephone Number (Area Code First)		Cellular Telephone Number (Area Code First)	

*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 – EMPLOYMENT EXPERIENCE

<input type="checkbox"/> Security Guard Years/mos	<input type="checkbox"/> Armed Guard Years/mos	<input type="checkbox"/> Peace Officer (trained and authorized to carry a firearm in the line of duty) Years/mos
An original copy of the letter from the employer verifying dates and type of employment must be included.		

SECTION III – TRAINING COURSE FOR WHICH THE APPLICANT IS REQUESTING A WAIVER

<input type="checkbox"/> 8 Hour Pre-Assignment Training Course for Security Guards	Course Completed(mm/dd/yyyy)
<input type="checkbox"/> 16 Hour On-the-Job Training Course for Security Guards	Course Completed(mm/dd/yyyy)
<input type="checkbox"/> 47 Hour Firearms Training Course for Armed Security Guards	Course Completed (mm/dd/yyyy)
A copy of the course completion certificate for relevant security guard or peace officer training must accompany the application.	
Persons not authorized by law to carry a firearm as a peace officer must provide a copy of their pistol license when applying for a waiver of the 47 Hour Firearms Training Course for Armed Security Guards.	

SECTION IV – 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.

Applicant Signature

FOR DCJS USE ONLY

Reviewed By: _____

FOR DCJS USE ONLY

Date: _____

Notary Stamp

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

Notary Signature

DCJS USE ONLY	DCJS USE ONLY	DCJS USE ONLY
Course Title	Course Dates	School ID#
<input type="checkbox"/> 700 8 Hour Pre-Assignment	Date (mm/dd/yyyy):	
<input type="checkbox"/> 701 16 Hour On-the-Job	Date (mm/dd/yyyy):	
<input type="checkbox"/> 702 47 Hour Firearms Training	Date (mm/dd/yyyy):	
<input type="checkbox"/> Firearms Training Pending	Date (mm/dd/yyyy):	<input type="checkbox"/> Current Peace Officer