



THIS FORM IS USED TO APPLY FOR RENEWAL OF A SECURITY GUARD TRAINING SCHOOL. FORMS PRESENTED FOR FILING MUST CONTAIN ORIGINAL SIGNATURES. THE BLANK FORM MAY BE DUPLICATED, HOWEVER PHOTOCOPIES OF COMPLETED FORMS, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED. TYPE ALL INFORMATION. OMISSIONS OR LACK OF INFORMATION WILL STOP THE REVIEW PROCESS. THE SCHOOL DIRECTOR MAY BE REQUIRED TO ATTEND AN ORIENTATION SEMINAR IN ALBANY.

Security Guard Training Schools must be approved by the Division of Criminal Justice Services (DCJS), pursuant to Title 9 of the Official Compilation of Codes, Rules, and Regulations of New York State, Part 6028. Security Guard Training Schools are approved to conduct either mandated non-firearms security guard training, mandated security guard firearms training, or both.

The process for applying for renewal of a security guard training school consists of the three types of documentation listed below. Each section is discussed in detail in the following material.

- I. Application
- II. Forms and Documentation
- III. School Prepared Forms

DCJS reserves the right to require further documentation as necessary to properly identify school owners and school directors, verify contact information and determine whether the school location meets DCJS standards for classroom instruction.

A non-refundable fee of \$500 must be submitted with the Security Guard School Renewal 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).

\*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.

The applicant will receive the school's approval, or a letter detailing the reason for denial of the application within 120 days of receipt of a complete application. A complete application must contain all information and supporting documentation as outlined below. All of the information requested must be submitted, or the application will be denied.

SECTION I: SCHOOL APPLICATION INFORMATION

TYPE OF TRAINING FOR WHICH APPLICATION IS BEING MADE: Check the type of security guard training the school is applying for. If applying to conduct both types of training, check both boxes.

- 1. **School Name** – This is the name your school will be utilizing and which will appear on your approval certificate issued by DCJS. If the name of the school is other than your own legal name, the name must be registered. Before filing your Business Certificate as a Sole Proprietor or Partnership, the County Clerk's Office will make a determination of name availability. The Department of State will make a determination on name availability for a corporation, foreign corporation, limited liability company, limited liability partnership, and a limited partnership.
- 2. **Federal Tax Identification Number or Employer Identification Number** – The school owner (applicant) 9-digit number from the Internal Revenue Service that identifies the school as a business entity.
- 3. **School Mailing Address** - Provide the mailing address of the school.
- 4. **School Training Site Address** – This is the address where mandated security guard training courses will be conducted. The training site must have a local certificate of occupancy approving its use for "school purposes" as well as approval from the fire authorities in the jurisdiction where the site is located. DCJS requires that 16 square feet be allotted per student. A determination of the number of students allowed in each training session will be made by DCJS based on the square footage of the classroom and equipment etc. located in the space. You may leave this blank if you have not yet rented the training site. However, the site must be rented upon notice to you by DCJS that your approval is nearing completion and a certificate of occupancy must be provided for final approval. For identification purposes you must provide DCJS with the city where the proposed school is located. **You must complete the Request for Approval of a Training Site for this address.**
- 5. **Handicap Accessibility** - The training site utilized for mandated non-firearms security guard training must be handicap accessible. Title III of the American with Disabilities Act (effective January 26, 1992), requires private businesses to be accessible to persons with disabilities. The applicant must provide digital photographs of the handicap accessibility elements of the building.
- 6. **Type of Owner of School** – Proprietorship, partnership, corporation, Not for Profit Corporation, public or private collegiate educational institution, public or private educational institution, governmental agency/entity, or other.

7. **Name of School Owner or Corporation (Applicant), contact and other required information** – If corporation, this should be exactly as it appears on your Certificate of Incorporation. Enter contact information. If sole owner (proprietor), enter your gender, date of birth, and \*social security number. The school owner must meet minimum requirements pursuant to NYCRR Part 6028.
- 7a. **Affiliation with another school** – The school owner, whose name appears on the application, must answer whether they have ever been affiliated with or owned another proprietary school. If yes, full details of such association, including any fiscal disallowances, fine or penalty, or any other disciplinary action against them or the school by any Local, State or Federal authorities must be provided on a separate sheet.
- 7b. **Disclosure** – The school owner whose name appears on the application must state whether they:
- Have ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony. **If yes**, a written explanation giving the place, sentencing court, nature of the offense, sentence and/or other disposition, a copy of the accusatory instrument (e.g. indictment, criminal information, or complaint) and a Certificate of Disposition must be submitted with the application. A Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, if applicable, must be submitted with the application.
  - Have any criminal charges (misdemeanors or felonies) pending against them. **If yes**, a copy of the accusatory instrument (e.g. indictment, criminal information, or complaint) must be submitted with the application.
  - Has any license, permit, commission, registration, approval, or application for a license, permit, commission, approval, or registration held by them or a company in which they 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. **If yes**, submit any relevant documents, including the agency determination.
8. **Name of School Director, contact and other required information** – Enter the name, contact information, gender and social security number of the of the school director. The school director must meet minimum requirements pursuant to NYCRR Part 6028.
- 8a. **Affiliation with another school** – The school director, whose name appears on the application, must answer whether they have ever been affiliated with or owned another proprietary school. If yes, full details of such association, including any fiscal disallowances, fine or penalty, or any other disciplinary action against them or the school by any Local, State or Federal authorities must be provided on a separate sheet.
- 8b. **Disclosure** – The school director whose name appears on the application must state whether they:
- Have ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony. **If yes**, a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition, a copy of the accusatory instrument (e.g. indictment, criminal information, or complaint) and a Certificate of Disposition must be submitted with the application. A Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, if applicable, must be submitted with the application.
  - Have any criminal charges (misdemeanors or felonies) pending against them. **If yes**, a copy of the accusatory instrument (e.g. indictment, criminal information, or complaint) must be submitted with the application.
  - Has any license, permit, commission, registration, approval, or application for a license, permit, commission, approval, or registration held by them or a company in which they 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. **If yes**, submit any relevant documents, including the agency determination.
9. **Name of School Co-Director (if applicable), contact and other required information** – Enter the name, contact information, gender and social security number of the school co-director. There is no requirement that an applicant have a co-director. The school co-director must meet minimum requirements pursuant to NYCRR Part 6028.
- 9a. **Affiliation with another school** – The school co-director, whose name appears on the application, must answer whether they have ever been affiliated with or owned another proprietary school. If yes, full details of such association, including any fiscal disallowances, fine or penalty, or any other disciplinary action against them or the school by any Local, State or Federal authorities must be provided on a separate sheet.

- 9b. **Disclosure** – The school co-director whose name appears on the application must state whether they:
- Have ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony. **If yes**, a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition, a copy of the accusatory instrument (e.g. indictment, criminal information, or complaint) and a Certificate of Disposition must be submitted with the application. A Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, if applicable, must be submitted with the application.
  - Have any criminal charges (misdemeanors or felonies) pending against them. **If yes**, a copy of the accusatory instrument (e.g. indictment, criminal information, or complaint) must be submitted with the application.
  - Has any license, permit, commission, registration, approval, or application for a license, permit, commission, approval, or registration held by them or a company in which they 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. **If yes**, submit any relevant documents, including the agency determination.
10. **Partners** – If the ownership is a partnership, enter the name of the partner(s), social security number, date of birth, and contact information. Indicate whether they have ever been affiliated with or owned another proprietary school. If yes, provide full details attached to this application, including any disallowances, fines, denial of license or approval, or any disciplinary action against them or the school by any local, state, or Federal authorities.
- 10a. **Affiliation with another school** – The applicant must answer for each partner whose name appears on the application, whether they have ever been affiliated with or owned another proprietary school. If yes, full details of such association, including any fiscal disallowances, fine or penalty, or any other disciplinary action against them or the school by any Local, State or Federal authorities must be provided on a separate sheet.
- 10b. **Disclosure** – The applicant must answer for each partner whose name appears on the application, whether they:
- Have ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony. **If yes**, a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition, a copy of the accusatory instrument (e.g. indictment, criminal information, or complaint) and a Certificate of Disposition must be submitted with the application. A Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, if applicable, must be submitted with the application.
  - Have any criminal charges (misdemeanors or felonies) pending against them. **If yes**, a copy of the accusatory instrument (e.g. indictment, criminal information, or complaint) must be submitted with the application.
  - Have had any license, permit, commission, registration, approval, or application for a license, permit, commission, approval, or registration held by them or a company in which they are or were a principal or employee in New York State or elsewhere ever revoked, suspended, or denied by any state, territory, or governmental jurisdiction or foreign country, for any reason. **If yes**, submit any relevant documents, including the agency determination.
11. **Audio/Visual Equipment** – Identify the type of audio/visual equipment to be used by the school.
12. **Shipping Information** - In order to provide mandated security guard training, security 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 the shipment of the forms. Enter the name and account number of the shipping company to be used for shipment of Optical Mark Reader forms.
13. **Firearms Training Facility** – To be completed by applicant applying for approval to conduct firearms training. Enter the name of the range and street address (do not enter a post office box), city, state, zip code, county and business telephone number, and type of range (outdoor or indoor facility). Enter the name and telephone number of the contact person for the firearms facility. **You must complete the Request for Approval of Training Site form for this address.** Refer to Section II for additional information.
14. **Certified Security Guard Instructors** - Enter the names of **ALL** DCJS certified security guard instructor(s) or armed security guard instructor(s) to be utilized by your school. All instructors must possess a valid certification. Instructor certifications are valid for a period of five years, at which time the instructor must apply for renewal. Application to conduct firearms training requires a minimum of one DCJS certified armed security guard instructor. Application to conduct non-firearms security guard training requires a minimum of one DCJS certified security guard instructor.

Enter the social security number, name of instructor as it appears on the certification letter, and type of certification. Check all that apply, GT for General Topics Instructor, FA for Firearms/Armed Security Guard Instructor.

15. **Intent to Provide Security Guard Training** – DCJS provides complete lesson plans for the 8 Hour Pre-Assignment Training Course for Security Guards, the 16 Hour General On-The-Job Training Course for Security Guards, the 47 Hour Firearms Course for Armed Security Guards, and the 8 Hour Annual In-Service Course for Armed Security Guards. Check the boxes for the courses for which the school is using the complete lessons provided by DCJS.

Check the appropriate boxes If your school has developed its own lesson plans for the 8 Hour Pre-Assignment Training Course for Security Guards and/or the 16 Hour On-The-Job Training Course for Security Guards in accordance with Part 6027 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR). **Submit course outline(s) with topics, objectives, duration for each module and a bank of 50 examination questions with the School Renewal Application for review and approval.**

**\*\*\*Eight Hour Annual In-Service Course for Security Guards**

If an approved security guard training school plans to, or is conducting the Eight Hour Annual In-Service Course for Security Guards, the school is required to develop lesson plans utilizing topics outlined in NYCRR Part 6027. **The school must submit a course outline with topics, objectives, and duration for each module of instruction with the School Renewal Application.**

16. **Applicant Affirmation** – This is an affirmation to the accuracy of information provided on the application, an acknowledgment related to General Business Law section 89-n and the NYS Official Compilation of Codes, Rules and Regulations, and that the school director may be required to attend an orientation seminar. This must be signed and sworn to by the applicant, school director, and school co-director (if applicable) before a notary public.

**SECTION II: FORMS AND DOCUMENTATION**

1. **Type of Ownership** – Applicants must provide supporting documents with application for type of ownership. If the type of ownership checked on the application is “Other”, provide applicable documentation.
- Sole Proprietorship – Provide consent to do business from county clerk
  - Partnership – Provide copy of partnership agreement
  - Corporation – Provide Certificate of Incorporation and if applicable, certificate of assumed name
2. **Certificate of Occupancy** – Issued by the municipality in which the training site is located to verify that the training site address is approved for use as a school. A valid Certificate of Occupancy must be included with the application. The address on the certificate must be the same address listed in Number 4 (Training Site) on the application. In some circumstances the applicant may not yet have rented the training site. If this is the case, the Certificate of Occupancy may be missing from the application packet. However, the training site must be rented upon notice to you by DCJS that your approval is nearing completion and a Certificate must be provided for final approval.

A Certificate of Occupancy (CO) is issued by local municipalities to verify that local building codes have been met and the building is suitable for occupancy. It further states the purpose for which the quarters are to be used (i.e., commercial, residential, school, etc.)

To obtain a copy of a CO in NYC, visit the Department of Buildings’ Customer Service Counter in your borough office or log on to the Building Information System at <http://nyc.gov/bis>. If a building was constructed before 1938 and there has been no change in use or additions to the property, it may not have a CO. To obtain proof of the legal use of a building that does not have a CO, you must obtain a “Letter of No Objection” from the Department of Buildings’ borough office where the property is located. **Applicant must submit a “Letter of No Objection” should the building not have a CO.**

\*A Certificate of Occupancy is required for all training sites; however, certain enterprises may be waived from the requirement that the CO specifically approve the site for school use.

\*\*Submission of a Certificate of Occupancy may be waived for governmental agencies or municipalities and public or private secondary or collegiate-level educational institutions in NY or any other jurisdiction.

\*\*\*If a municipality does not issue COs for existing structures, you must submit a letter from the municipality to that effect.

3. **Zoning Compliance Letter** – Submit proof that the site to be used to conduct training conforms with local zoning laws and regulations. The address in the letter must be the same address listed in Number 4 (Training Site) on the application.

\*A Zoning Compliance Letter is required for all training sites; however, certain enterprises may be waived from the requirement that the Zoning Compliance Letter specifically approve the site for school use.

\*\*Submission of a Zoning Compliance Letter may be waived for governmental agencies or municipalities and public or private secondary or collegiate-level educational institutions in NY or any other jurisdiction.

4. **Proof of Insurance for the conduct of firearms training** – An applicant applying for approval to conduct firearms training which is self-insured must submit a Certificate of Insurance evidencing comprehensive general liability coverage from an insurance agency licensed to do business in New York State or procured by a duly licensed excess line broker pursuant to §2118 of the NYS Insurance Law in the minimum amount of \$100,000 per occurrence and \$300,000 in the aggregate which amount shall be available for the payment of claims. The applicant must provide a copy of the Certificate of Insurance. In some circumstances the applicant may not yet have purchased liability insurance. If this is the case, the Certificate of Insurance may be missing from the application packet. However, it must be submitted upon notice to you by DCJS that your approval is nearing completion and the Certificate must be provided for final approval of the application.
5. **Fire Authority Approval** - The premises in which mandated security guard training courses will be conducted must be approved for occupancy by the fire authority of the municipality or county in which the site is located. The approval must have been granted during the past three (3) years. The address listed on the fire authority approval must be the same as the address listed in Number 4 (Training Site) of the application. In some circumstances the applicant may not yet have rented the premises. If this is the case, the approval may be missing from the application packet. However, the premises must be rented upon notice to you by DCJS that your approval is nearing completion and Fire Authority Approval must be provided for final approval of the application.
6. **Request for Approval of a Training Site** – A Request for Approval of Training Site form must be completed for the address listed in Number 4 (Training Site) of the application. If the school has more than one training site, the form must be completed for each site. A floor plan must be submitted for the address listed in Number 4 (Training Site) of the application and for any additional training sites. The plan must be drawn to scale of at least ¼" equaling 1". All standard architectural features such as windows, doors, and permanent fixtures should be clearly labeled. The room number, all dimensions, and the use of each room or space must also be clearly labeled. Digital photographs of the exterior of the premises, building handicap accessibility elements and interior rooms identified on the floor plan must be submitted with the floor plan. Digital photos must be submitted on a CD/DVD disk or USB flash drive. In some instances the applicant may have not rented the premises. If this is the case, the photographs and floor plan may be missing from the application packet. However, the premises must be rented upon notice to you by DCJS that your approval is nearing completion and the photographs and floor plan must be provided for final approval of the application. **DCJS reserves the right to inspect the training site prior to approval.**

\*Submission of the floor plan may be waived for governmental agencies or municipalities and public or private secondary or collegiate-level educational institutions in NY or any other jurisdiction.

### **SECTION III: SCHOOL PREPARED FORMS**

Approved security guard schools are required to have the following forms. Forms may be in a printer's proof format until approval to print the forms is received from DCJS.

1. Printed catalogue or booklet of mandated security guard training courses to be offered by the school. The catalogue must include a description of each course, when the courses are to be completed (i.e. 16 Hour On-the Job Training Course must be completed within 90 days of employment), school attendance policy (policy must be compliant with NYCRR Part 6027) and the school's refund policy;
2. Printed enrollment agreement. The enrollment agreement must include a refund policy statement. Agents/employees of the school that enroll students must be identified on the enrollment agreement by printed name and signature; and
3. Payment Receipt Form - for issuance to students for verification of payment. The form must identify how payment was made (e.g. cash, check, credit card etc.) and the school name must appear on the receipt form.

### **MAIL APPLICATION, DOCUMENTATION 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**



**SECTION I: TRAINING SCHOOL INFORMATION**

**TYPE OF TRAINING:**  SECURITY GUARD TRAINING (NON-FIREARMS)  FIREARMS SECURITY GUARD TRAINING

1. School Name		2. Federal Tax ID Number/Employer ID Number		School Code	
3. School Mailing Address				Room/Suite	
City, State, Zip Code				County	
4. Training Site Street Address (if different from school mailing address)				Training Site Room/Suite	
Training Site City, State, Zip Code				Training Site County	
Telephone Number (area code + number)			Facsimile Number (area code + number) (optional)		
5. Handicap Accessible Yes <input type="checkbox"/> No <input type="checkbox"/>		6. Type of Ownership of School (check one) Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Not for Profit Corporation <input type="checkbox"/> public or private collegiate education institution <input type="checkbox"/> public or private education institution <input type="checkbox"/> governmental agency/entity <input type="checkbox"/> Other (provide type) <input type="checkbox"/> _____			
7. School Owner or Corporation Name			If Corporation, Contact Name and Title		
Street Address			City, State, Zip Code		Telephone Number (area code + number)
If sole owner (proprietor) of school provide the following:					
Gender		Date of Birth		*Social Security Number	
Email Address					
7a. Has the <b>SCHOOL OWNER</b> ever been affiliated with or owned another proprietary school? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , please provide full details attached to this application, including any disallowances, fines, or any other disciplinary action against them or the school by any Local, State or Federal authorities.					
7b. Has the <b>SCHOOL OWNER</b> ever been convicted in this state or elsewhere of a crime, misdemeanor or a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , you must submit all relevant documents, including the agency determination, if any.					
8. School Director's Name			Gender		*Social Security Number
Telephone Number (area code + number)		Email Address (REQUIRED)		Facsimile Number (area code + number)(optional)	
8a. Has the <b>SCHOOL DIRECTOR</b> ever been affiliated with or owned another proprietary school? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , please provide full details attached to this application, including any disallowances, fines, or any other disciplinary action against them or the school by any Local, State or Federal authorities.					
8b. Has the <b>SCHOOL DIRECTOR</b> ever been convicted in this state or elsewhere of a crime, misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , you must submit all relevant documents, including the agency determination, if any.					

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9. School Co-Director's Name		Gender	*Social Security Number	
Telephone Number (area code + number)		Email Address (REQUIRED)		Facsimile Number (area code + number)(optional)
9a. Has the <b>SCHOOL CO-DIRECTOR</b> ever been affiliated with or owned another proprietary school? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , please provide full details attached to this application, including any disallowances, fines, or any other disciplinary action against them or the school by any Local, State or Federal authorities.				
9b. Has the <b>SCHOOL CO-DIRECTOR</b> ever been convicted in this state or elsewhere of a crime, misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , you must submit all relevant documents, including the agency determination, if any.				
10. If a Partnership, complete the following for each Partner:				
Partner 1: Name		Gender	*Social Security Number	Date of Birth
Title		Number of Shares/Percent Ownership		
Home Address		Telephone Number (area code + number)		
10a. Has this individual ever been affiliated with or owned another proprietary school? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , please provide full details attached to this application, including any disallowances, fines, or any other disciplinary action against them or the school by any Local, State or Federal authorities.				
10b. Has this individual ever been convicted in this state or elsewhere of a crime, misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , 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 this individual in any court in this state or elsewhere? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , you must submit all relevant documents, including the agency determination, if any.				
Partner 2: Name		Gender	*Social Security Number	Date of Birth
Title		Number of Shares/Percent Ownership		
Home Address		Telephone Number (area code + number)		
10a. Has this individual ever been affiliated with or owned another proprietary school? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , please provide full details attached to this application, including any disallowances, fines, or any other disciplinary action against them or the school by any Local, State or Federal authorities.				
10b. Has this individual ever been convicted in this state or elsewhere of a crime, misdemeanor or a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , 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 this individual in any court in this state or elsewhere? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , you must submit all relevant documents, including the agency determination, if any.				

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Partner 3: Name	Gender	*Social Security Number	Date of Birth
Title	Number of Shares/Percent Ownership		
Home Address	Telephone Number (area code + number)		
<p>10a. Has this individual ever been affiliated with or owned another proprietary school?    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, please provide full details attached to this application, including any disallowances, fines, or any other disciplinary action against them or the school by any Local, State or Federal authorities.</p>			
<p>10b. Has this individual ever been convicted in this state or elsewhere of a crime, misdemeanor or felony?    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, 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 this individual in any court in this state or elsewhere?    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, 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</p> <p>If <b>yes</b>, you must submit all relevant documents, including the agency determination, if any.</p>			
Partner 4: Name	Gender	*Social Security Number	Date of Birth
Title	Number of Shares/Percent Ownership		
Home Address	Telephone Number (area code + number)		
<p>10a. Has this individual ever been affiliated with or owned another proprietary school?    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, please provide full details attached to this application, including any disallowances, fines, or any other disciplinary action against them or the school by any Local, State or Federal authorities.</p>			
<p>10b. Has this individual ever been convicted in this state or elsewhere of a crime, misdemeanor or a felony?    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, 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 this individual in any court in this state or elsewhere?    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, 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</p> <p>If <b>yes</b>, you must submit all relevant documents, including the agency determination, if any.</p>			
<b>If additional partners, attach additional sheets.</b>			
11. Audio/Visual Equipment to be used by school (i.e. PowerPoint, etc.)			
<p>12. Shipping Information</p> <p>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.</p>			
Shipping Company	Account Number		

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



13. Firearms Training Facility ( to be completed by applicant applying for approval to conduct firearms training)	
Name of Range	Type of Range <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Street Address	Room/Suite
City, State, Zip Code	County
Telephone Number (area code + number)	Facsimile Number (area code + number) (optional)
Contact Name	Contact Telephone Number (area code + number)

14. Certified Security Guard Instructors		Instructor Certifications
<b>GT=</b> General Topics Instructor / <b>FA=</b> Firearms/Armed Security Guard Instructor (Check all that apply).		
*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
*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
*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

**If additional space is required, attach a separate sheet.**

15. Intent to Provide Security Guard Training

I intend to conduct the security guard training course(s) checked below in accordance with Part 6027 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR) **using the lesson plans in their entirety provided by the Division of Criminal Justice Services.**

8 Hour Pre-Assignment Training Course for Security Guards  
 16 Hour General On-the-Job Training Course for Security Guards  
 47 Hour Firearms Course for Armed Security Guards  
 8 Hour Annual In-Service Course for Armed Security Guards

The **school will or has developed its own lesson plans** for the below course(s) in accordance with Part 6027 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR). Attached for each course checked below are the outlines containing topics, objectives and duration for each module of instruction for review and approval by the Division.

8 Hour Pre-Assignment Training Course for Security Guards  
 16 Hour On-the-Job Training Course for Security Guards  
 8 Hour Annual In-Service Training Course for Security Guards - **Approved security guard training schools are required to develop lesson plans for the Eight Hour Annual In-Service Course for Security Guards utilizing topics outlined in NYCRR Part 6027.**

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



15. *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 hereby acknowledge that I have thoroughly read and understand General Business Law section 89-n and Parts 6027, 6028, and 6029 of Title 9 of the NYS Official Compilation of Codes, Rules and Regulations. I further understand that the School Director may have to attend the School Director Orientation Seminar if required by Division of Criminal Justice Services (DCJS) and DCJS may ask for additional information/documentation.

Applicant:

Notary Stamp

\_\_\_\_\_  
 Printed Name of Applicant (School Owner)

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

\_\_\_\_\_  
 Date

Sworn and subscribed before me  
 this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Notary Signature

I (school owner) 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

School Director:

Notary Stamp

\_\_\_\_\_  
 Printed Name of School Director

\_\_\_\_\_  
 School Director Signature

\_\_\_\_\_  
 Date

Sworn and subscribed before me  
 this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Notary Signature

School Co-Director (if applicable):

Notary Stamp

\_\_\_\_\_  
 Printed Name of School Co-Director

\_\_\_\_\_  
 School Co-Director Signature

\_\_\_\_\_  
 Date

Sworn and subscribed before me  
 this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Notary Signature

**DCJS Use Only**

Application approved: Yes  No  Date: \_\_\_\_\_

Approved by (printed name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:



New York State Division of Criminal Justice Services  
**SECURITY GUARD PROGRAM – TRAINING SITE APPROVAL REQUEST**

This form must be submitted to the Division of Criminal Justice Services (DCJS) to receive approval for each school training site. The form provides information on the facilities to determine if they are satisfactory for the proper conduct of mandated security guard training. The facilities must be properly equipped and meet local fire and building standards. At least sixteen square feet must be allotted per student. The Division will identify the number of students allowable for each individual training session based on the square footage of the classroom and equipment etc., located in the space. The number of students allowable in any one training session cannot exceed 35. Training sites used for non firearms security guard training must be handicap accessible. A Certificate of Occupancy; fire authority approval; a floor plan; and digital photographs of the exterior of the premises, building handicap accessibility elements, and interior rooms identified on the floor plan must be submitted with this form. The Division reserves the right to inspect the training site prior to approval.

### **Certificate of Occupancy**

The training site must be approved for use as a school by the municipality in which the site is located. A copy of a valid Certificate of Occupancy must be included with this form. The training site address must be the same as the address listed on the Certificate of Occupancy.

A Certificate of Occupancy (CO) is issued by local municipalities to verify that local building codes have been met and the building is suitable for occupancy. It further states the purpose for which the quarters are to be used (i.e., commercial, residential, school, etc.)

To obtain a copy of a CO in NYC, visit the Department of Buildings' Customer Service Counter in your borough office or log on to the Building Information System at <http://nyc.gov/bis>. If a building was constructed before 1938 and there has been no change in use or additions to the property, it may not have a CO. To obtain proof of the legal use of a building that does not have a CO, you must obtain a "Letter of No Objection" from the Department of Buildings' borough office where the property is located.

\*A Certificate of Occupancy is required for all structures; however, certain enterprises may be waived from the requirement that the CO specifically approves the site for school use.

\*\*Submission of a Certificate of Occupancy may be waived for governmental agencies, municipalities and public or private educational institutions in NY or any other jurisdiction.

\*\*\*If a municipality does not issue Certificates of Occupancy for existing structures, you must submit a letter from the municipality to that effect.

### **Zoning Compliance Letter**

Submit proof that the site to be used to conduct training is legal and is permitted at that location.

\*A Zoning Compliance Letter is required for all training sites; however, certain enterprises may be waived from the requirement that the Zoning Compliance Letter specifically approve the site for school use.

\*\*Submission of a Zoning Compliance Letter may be waived for governmental agencies or municipalities and public or private secondary or collegiate-level educational institutions in NY or any other jurisdiction.

### **Fire Approval**

The premises in which mandated security guard training courses will be conducted must be approved for occupancy by the fire authority of the municipality or county in which the site is located. The approval must have been granted during the past three (3) years. The address listed on the fire authority approval must be the same as the address listed in Number 4 (Training Site) of the application. In some circumstances the applicant may not yet have rented the premises. If this is the case, the approval may be missing from the application packet. However, the premises must be rented upon notice to you by DCJS that your approval is nearing completion and Fire Authority Approval must be provided for final approval of the application.

### **Handicap Accessibility**

Training sites used for non firearms security guard training must be handicap accessible. Title III of the American with Disabilities Act (effective January 26, 1992), requires private businesses to be accessible to persons with disabilities. Provide photographs (digital or hard copy) of the handicap accessibility elements of the building.

### **Floor Plans**

Floor plans must be drawn to scale of at least ¼" equaling 1". DCJS reserves the right to request a different scale if necessary. The scale must be indicated on the plans. Each room must be assigned a number and the proposed use of the room and square footage must be listed below (e.g., classroom, bathroom, office, etc.). The floor plans must show:

1. Dimensions of each room or unit of space;
2. Entrances and exits, stairways, corridors, fire escapes;
3. Windows;
4. Student work stations (desks, chairs), furniture, blackboard, white board, audio visual equipment, etc.; and
5. Utilities – heating and air conditioning, and lighting.

\*Submission of a floor plan may be waived for governmental agencies or municipalities and public or private secondary or collegiate-level educational institutions in NY or any other jurisdiction.

### **Photographs**

For the training site, digital photographs of the exterior of the premises, building handicap accessibility elements and interior rooms identified on the floor plan must be submitted. Digital photographs must be on a CD/DVD disk or USB flash drive and submitted with the floor plan. For the firearms facility, provide digital photographs of the indoor range (if applicable), the exterior and interior of the classroom(s) and bathroom(s). A floor plan is not required for the firearms facility classroom.



New York State Division of Criminal Justice Services  
**SECURITY GUARD PROGRAM – TRAINING SITE APPROVAL REQUEST**

<b>School Name:</b>	School Identification No:
School Address:	Room/Suite:
City, State, Zip Code:	County:
Telephone Number (area code + number):	
School Owner Name(s):	
School Director Name:	

<b>Training Site Address (if different than above):</b>	
City, State, Zip Code:	County:
Training Site Floor Level (e.g., Street level, 2 <sup>nd</sup> floor, 3 <sup>rd</sup> floor, etc.):	Is the site handicap accessible: Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Audio Visual Equipment:</b>
--------------------------------

<b>Firearms Facility</b> Name of Range:	
Range Street Address:	County:
City, State, Zip Code:	Range Telephone Number (area code + number):
Range Contact:	Contact Telephone Number (area code + number):
Number of Lanes:	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>
Entity that Approved Range:	Facility meets applicable lead safety standards. <input type="checkbox"/>
Identify safety features of the range (bullet resistant glass, etc.):	

<b>Room Specific Information</b>		
Room Number:	Proposed use of room:	Floor Space in Square Feet:
Room Number:	Proposed use of room:	Floor Space in Square Feet:
Room Number:	Proposed use of room:	Floor Space in Square Feet:
Room Number:	Proposed use of room:	Floor Space in Square Feet:
Room Number:	Proposed use of room:	Floor Space in Square Feet:

_____ Printed Name of Requester (School Owner or School Director only)	_____ Title (School Owner or School Director)
_____ Signature of Requestor	_____ Date

Submit Completed Form to: NYS Division of Criminal Justice Services, Office of Public Safety, Security Guard Program, 4 Tower Place, Albany, NY 12203  
 Direct questions to the Security Guard Program at (518) 457-4135.

<b>DCJS Use Only</b>	
Floor plan submitted: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Digital photographs submitted: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Certificate of Occupancy submitted: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Zoning Letter Submitted: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Fire Approval submitted: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	
Training site handicap accessible (required for sites to be used for non firearms security guard training): Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	
Number of students allowable per training session based on square footage and equipment etc. located in the space: _____	
Training site approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	
Approved by (printed name): _____	Signature: _____ Date: _____
Comments:	