

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

NY922020Z
DIV LIC SRVC-SEC GPD
ALBANY, NY

DATE OF BIRTH DOB
Month Day Year

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

SEX

RACE

HGT

WGT

EYES

HMR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

FOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS

REASON FINGERPRINTED

ARMED FORCES NO. MNU

REF

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

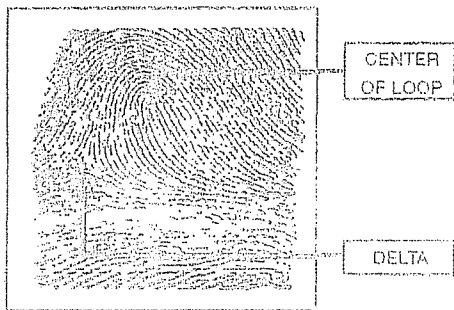
R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION
 UNITED STATES DEPARTMENT OF JUSTICE
 CJIS DIVISION/CLARKSBURG, WV 26306

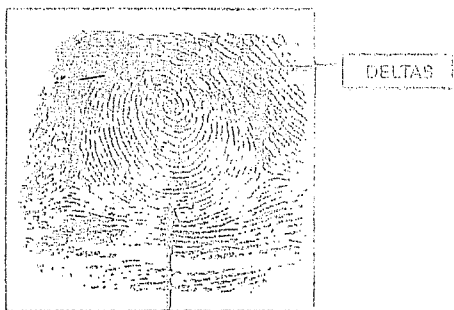
APPLICANT

1. LOOP



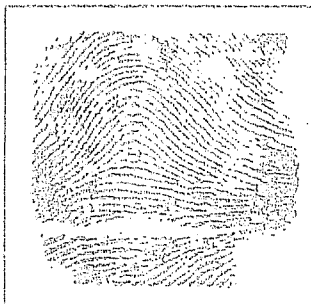
THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

TO OBTAIN CLASSIFIABLE FINGERPRINTS

1. USE BLACK PAPER 5 INCH
2. DISTRIBUTE INK EVENLY ON PRINTING SLAB
3. WASH AND DRY FINGER'S THOROUGHLY
4. APPLY INK TO PAD FROM SIDE OF PAD, WHILE AVOID ALLOWING FINGER TO SLIP
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER
6. NOTIFY IN THE APPROPRIATE FINGER BLOCK IF AN IMPRESSION IS MISSING ONE OR MORE FINGERS FOR ANY REASON
7. IF NOT PERSONS ALL TEN IMPRESSIONS MUST BE RECORDED WITH SCARS AND DEFORMITIES NOTABLE
8. IF GOOD PERSONAL APPEARANCE MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, INSTEAD THE BEST THAT CAN BE OBTAINED
9. EXAMINE THE OBTAINED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE)

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. FEDERAL GOVERNMENT AGENCIES OR EMPLOYERS WHO CAN'T PERFORM EMPLOYMENT FUNCTIONS
2. STATE AND LOCAL GOVERNMENTS AND LOCAL GOVERNMENTS BUT UNDER FEDERAL CONTRACTS, AGREEMENTS, AND AUTHORITY
3. ALL FEDERAL EMPLOYERS WHO EMPLOY OR THE APPLICANT FOR WORK ON THE DATE OF THIS CARD AND FOR THE YEAR ENDING THREE MONTHS BEFORE THE APPLICABLE STATE DATE FOR INCLUDING THIS REQUIREMENT
4. ALL FEDERAL EMPLOYERS WHO EMPLOY OR THE APPLICANT BY FEDERAL LAW
5. FEDERAL GOVERNMENT EMPLOYERS OF SECURED BANKS AND INSTITUTIONS TO PROTECT OR MAINTAIN THE SECURITY OF THESE INSTITUTIONS

INSTRUCTIONS:

1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH
2. PUBLIC LAW OF 1974 (PL 93-179) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBERS IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY. STATE OF AUTHORITY FOR SUCH DISCLOSURE ARE LISTS WHICH WILL BE MADE BY:
3. MEMBERS OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SOCIAL SECURITY AND ADDRESS. THE CONTRACTORS MUST BE MADE BY THE AGENCY SUBMITTING THE FINGERPRINTS LIST TO THE FBI
4. THE NUMBER OF EMPLOYERS SHOULD ALWAYS BE INDICATED IN THE APPROPRIATE SPACE
5. MISCELLANEOUS FEDERAL AGENCIES: OTHER NAMED PERSONS (NO PASSPORT AND 1977), ALIEN REGISTRATION (NO 1977), POST OFFICE (NO 1977), SELECTIVE SERVICE (NO 1977), VETERANS ADMINISTRATION (NO 1977)

1 Name (Last, First, Middle)

2 Street Address 3 Apt/Bldg # 4 City 5 State 6 Zip

7 Alias or Maiden Name 8 Sex 9 Race 10 Ethnicity 11 Skin 12 Hair 13 Eyes

14 Weight 15 Height 16 Date of Birth 17 Age 18 Place of Birth (State or Country)

20 Agency ID No. 21 Social Security Number 22 Date Fingerprinted

23 REASON FINGERPRINTED (Check One) 24 Type of Pistol License

27 Company, Agency, Department or Institution - name and address

19 Contributor 730101Y DEPT. OF STATE/LIC.DIV. ALBANY, NY 12208-3490

25 License Type/Job Title

26 Signature of Person Fingerprinted

28 Signature of Person Taking Prints

Table with 10 columns for fingerprints: 1. RT, 2. RI, 3. RM, 4. RR, 5. RL, 6. LT, 7. LI, 8. LM, 9. LR, 10. LL

Left Four Fingers Taken Simultaneously

L. Thumb

R. Thumb

Right Four Fingers Taken Simultaneously

STATE OF NEW YORK
DIVISION OF CRIMINAL JUSTICE SERVICES
ALBANY, NEW YORK 12203

INSTRUCTIONS - Enter all dates as MM/DD/YYYY e.g. 07 /28 /1948.

Please TYPE or PRINT all information.

7. ALIAS AND/OR MAIDEN NAME - An alias is a name in which the first name and/or last name is different than the name entered in field number 1.
8. SEX - Enter "M" for Male, "F" for Female, or "U" for Unknown.
9. RACE - Enter the racial appearance code which best describes the person's appearance.
NOTE: If Hispanic person, enter a race category here and enter "H" in field 10.
W - White I - American Indian or Alaskan Native O - Other
B - Black A - Asian or Pacific Islander U - Unknown
10. ETHNICITY - Enter "H" for Hispanic, "N" for Not Hispanic, or "U" for Unknown.
11. SKIN - Enter the skin tone code for the category which best describes the person's skin color (complexion).
- | | | | |
|------------------|-------------------|--------------------|---------------|
| ALB - Albino | FAR - Fair | MBR - Medium Brown | YEL - Yellow |
| BLK - Black | LGT - Light | OLV - Olive | OTH - Other |
| DRK - Dark | LBR - Light Brown | RUD - Ruddy | UNK - Unknown |
| DBR - Dark Brown | MED - Medium | SAL - Sallow | |

12. HAIR - Enter the hair color code which best describes the person's hair color.
- | | | | |
|--------------|-------------|---------------|-------------|
| BAL - Bald | BRO - Brown | SDY - Sandy | OTH - Other |
| BLK - Black | GRY - Gray | WHI - White | |
| BLN - Blonde | RED - Red | XXX - Unknown | |
13. EYES - Enter the eye color code which best describes the person's eye color.
- | | | | |
|-------------|-------------|---------------------|---------------|
| BLK - Black | BLK - Black | MAR - Maroon | XXX - Unknown |
| BLU - Blue | BLU - Blue | PNK - Pink | OTH - Other |
| BRO - Brown | BRO - Brown | MUL - Multi-colored | |
18. PLACE OF BIRTH - If USA enter 2 digit state code; if not USA enter country.
20. AGENCY ID NO. - If used, enter the unique identification number assigned to this individual.
23. REASON FINGERPRINTED - Check the appropriate box.
24. TYPE OF PISTOL LICENSE - If applying for a pistol license, check all boxes that apply.
25. LICENSE TYPE/JOB TITLE - Enter the license type/job title for which the fingerprint card is being submitted.

FOR SUBMITTING AGENCY USE

1 Name (Last, First, Middle)

2 Street Address

3 Apt/Bldg #

4 City

5 State

6 Zip

7 Alias or Maiden Name

8 Sex

9 Race

10 Ethnicity

11 Skin

12 Hair

13 Eyes

14 Weight

15 Height

16 Date of Birth

17 Age

18 Place of Birth (State or Country)

20 Agency ID No.

21 Social Security Number

22 Date Fingerprinted

23 REASON FINGERPRINTED (Check One)

Job Application

License Application

Police Off. Application

Pistol License

Peace Off. Application

24 Type of Pistol License

Dealer/Gunsmith

Possess

Carry

19 Contributor

730101Y

DEPT. OF STATE/LIC.DIV.
ALBANY, NY 12208-3490

25 License Type/Job Title

26 Signature of Person Fingerprinted

27 Company, Agency, Department or Institution - name and address

28 Signature of Person Taking Prints

1. RT	2. RI	3. RM	4. RR	5. RL
6. LT	7. LI	8. LM	9. LR	10. LL

Left Four Fingers Taken Simultaneously

L Thumb

R Thumb

Right Four Fingers Taken Simultaneously

STATE OF NEW YORK
DIVISION OF CRIMINAL JUSTICE SERVICES
ALBANY, NEW YORK 12203

INSTRUCTIONS - Enter all dates as MM/DD/YYYY e.g. 07 /28 /1948.

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7. ALIAS AND/OR MAIDEN NAME - An alias is a name in which the first name and/or last name is different than the name entered in field number 1.
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ALB - Albino FAR - Fair MBR - Medium Brown YEL - Yellow
BLK - Black LGT - Light OLV - Olive OTH - Other
DRK - Dark LBR - Light Brown RUD - Ruddy UNK - Unknown
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12. HAIR - Enter the hair color code which best describes the person's hair color.
BAL - Bald BRO - Brown SDY - Sandy OTH - Other
BLK - Black GRY - Gray WHI - White
BLN - Blonde RED - Red XXX - Unknown
13. EYES - Enter the eye color code which best describes the person's eye color.
BLK - Black BLK - Black MAR - Maroon XXX - Unknown
BLU - Blue BLU - Blue PNK - Pink OTH - Other
BRO - Brown BRO - Brown MUL - Multi-colored
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20. AGENCY ID NO. - If used, enter the unique identification number assigned to this individual.
23. REASON FINGERPRINTED - Check the appropriate box.
24. TYPE OF PISTOL LICENSE - If applying for a pistol license, check all boxes that apply.
25. LICENSE TYPE/JOB TITLE - Enter the license type/job title for which the fingerprint card is being submitted.

FOR SUBMITTING AGENCY USE

APPLICANT

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TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

NY922020Z
DIV LIC SRVC-SEC GRD
ALBANY, NY
DATE OF BIRTH DOB
Month Day Year

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

SEX

RACE

HGT

WGT

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

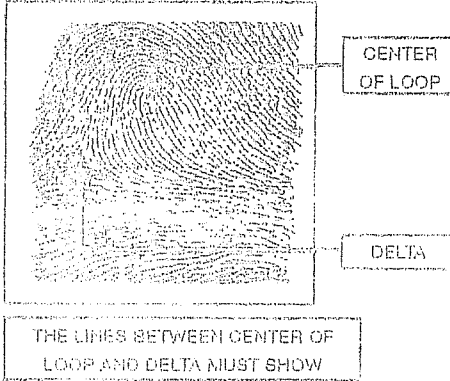
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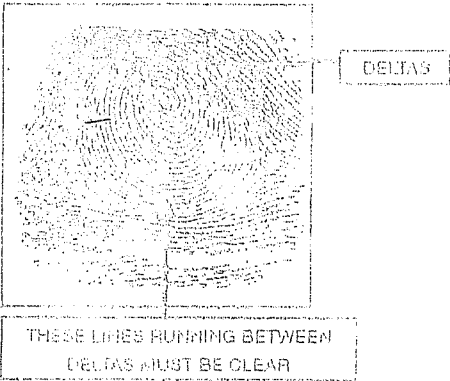
FEDERAL BUREAU OF INVESTIGATION
 UNITED STATES DEPARTMENT OF JUSTICE
 CJIS DIVISION/CLARKSBURG, WV 26305

APPLICANT

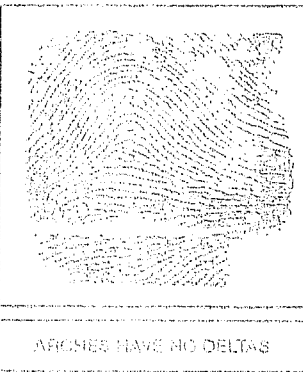
1. LOOP



2. WHORL



3. ARCH



TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTING INK
2. DISTRIBUTE INK EVENLY ON INKING SLAB
3. WASH AND DRY FINGERS THOROUGHLY
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER
6. INDICATE IN THE APPROPRIATE FINGER BLOCKS IF APPLICANT IS MISSING ONE OR MORE FINGERS FOR ANY REASON IF NOT MISSING, ALL TEN IMPRESSIONS MUST BE PROVIDED WITH SCARS AND DEFORMITIES NOTATED
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE)

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT PURPOSES
2. FEDERAL AND STATE GOVERNMENTS FOR THE PURPOSES OF EMPLOYMENT, CITIZENSHIP, AND TRAVEL AS AUTHORIZED BY STATE AND FEDERAL LAWS AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND TERRITORY GOVERNMENTS, PRIVATE ORGANIZATIONS, AND APPLICABLE STATE STATUTES DO NOT Satisfy THIS REQUIREMENT.
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REGULATED BY FEDERAL LAW
4. OFFICIALS OF LIBRARIES, SPONSORS OF LIBRARIES, BANKS AND INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

INSTRUCTIONS:

1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH
2. PRIVACY ACT OF 1974 (PL. 93-502) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH DISCLOSURE, AND USES WHICH MAY BE MADE OF IT
3. IDENTITIES OF PRIVATE CONTRACTORS SHOULD BE SHOWN ON SLABS PROVIDED AND ADDRESS. THE IDENTIFICATION IS THE NAME OF THE CONTRACTOR, LAWYER, OR POLICE OFFICER TO CALL IN THE FBI
4. PHOTOGRAPH IF ANYWAY SHOULD ALWAYS BE ATTACHED TO THE APPLICANT'S SLAB
5. MISCELLANEOUS OR OTHER NAMES, SOCIAL SECURITY NUMBER, PASSPORT NO., FBI ALIEN REGISTRATION NO. (A&A), FBI SECURITY CARD NO. (S&S), SELECTIVE SERVICE NO. (SS), VETERANS ADMINISTRATION CLAIM NO. (VA)

Employer Mailing Check List

NYS DEPARTMENT OF STATE
DIVISION OF LICENSING SERVICES
84 HOLLAND AVENUE
ALBANY, NY 12208-3490

Customer Service: (518) 474-4429
Fax: (518) 473-6648
www.dos.state.ny.us

Applicants for security guard registrations are required to submit specific documentation. This Employer Check List was prepared to assist you in submitting that documentation. You are encouraged to refer to this list prior to submitting security guard registration packets. Mail all of the following documentation to the above address within 24 hours of employment.

Did You Enclose?

- ✓ A signed DMV Informed Consent.
- ✓ If employment is commencing with the filing of the application, the Notice of Employment section must be completed by the employer.
- ✓ Nonrefundable fee of **\$135**, in the form of either a money order, company check, or cashier's check **made payable to the Department of State. Do not mail cash. Personal checks and credit cards will NOT be accepted.**
- ✓ Original 8 hour preassignment course completion certificate.
- ✓ In addition, if applying for an armed security guard registration, a course completion certificate for 47 hour firearms training.
- ✓ One state fingerprint card (DCJS-4) non-criminal. **Write "Guard" in Field 23 of the fingerprint card.**
- ✓ One FBI fingerprint card (FD0258). **Write Security Guard NY 89-h 89-i in the field labeled Reason Fingerprinted.**
- ✓ Completed DCJS Transmittal form CPT-8.

Note: Employers must maintain copies of all of the above in their personnel files. DOS may access these records upon request.

Instructions/FBI Fingerprint Card

Customer Service: (518) 474-4429

Fax: (518) 473-6648

www.dos.state.ny.us

Applicants for a security guard registration are required to submit an FBI print card in addition to the State print card. It is imperative you follow the instructions below when completing the FBI print card.

Last Name, First Name, Middle Name - Must be completed. Middle name is optional. Must agree with the name on the application.

Signature of Person Fingerprinted - Must be completed.

Residence of Person Fingerprinted - Must be completed

Date - Date being fingerprinted - Must be completed

Signature of Official Taking Prints - Must be completed

Employer and Address - Must be completed if applicable.

Reason Fingerprinted - Security Guard NY 89-h 89-I

Aliases AKA: Must be completed, if applicable

Citizenship CTZ: -

Your No. OCA: FOR OFFICE USE ONLY - LEAVE BLANK

FBI No: FBI - LEAVE BLANK

Armed Forces No. MNU: - Provide, if applicable

Social Security No. SOC - Must be provided.

Miscellaneous No. MNU - LEAVE BLANK

Sex: Must be completed

Hgt: Must be completed

Wgt: Must be completed

Eyes: Must be completed

Race: Must be completed

Date of Birth: Must be completed

Place of Birth: Must be completed

New York State Division of Criminal Justice Services
Civil Identification Bureau
4 Tower Place
Albany, NY 12203

NON-CRIMINAL FINGERPRINT SUBMISSION INSTRUCTIONS:

Please follow the guidelines presented below to ensure timely processing. Transactions may be rejected by DCJS for payment errors, inaccurate/missing information or poor fingerprint impressions. Contact the Civil Identification Bureau at (518) 485-5773 for assistance. Use form DCJS-1120 to order additional supplies of transmittal forms or mailing envelopes.

- A. FINGERPRINT INFORMATION:** Check each DCJS fingerprint card to ensure that all applicable spaces have been completed, including the “Social Security Number”, “Reason Fingerprinted” and “License Type/Job Title”, and that the information is legible and accurate.

When both DCJS and FBI cards are being submitted for an individual, the identifying information and the fingerprint impressions must be completed on each card and must match.

- B. FINGERPRINT IMPRESSIONS:** Check the quality of the fingerprints. Fully rolled, clear fingerprint impressions allow for accurate pattern recognition.

When fingerprints are being taken, use permanent black printers ink and distribute it evenly on the inking plate, or use a porelon fingerprint pad. Roll fingerprints fully (from nail to nail). Be sure impressions are taken in the sequence indicated on the card. Please note on the card if there is an amputation, physical deformity, or bandaged finger that makes it impossible to take all the required impressions.

- C. RETURN OF FINGERPRINT CARDS:** Except in the case of submissions from the Department of State, where a transaction cannot be processed, the fingerprint cards will be returned to the contributing agency, not to the corporation or the individual fingerprinted. The contributing agency should notify the affected corporation or individual about the rejected transaction, or provide rejection information upon request. If a corporation is specified on a Department of State submission, the rejection will be returned to the corporation; otherwise, the rejection will be returned directly to the applicant.

PAYMENT: Agency revenue transfers will take place on a monthly basis for processed transactions.

THE DCJS FEE FOR EACH NON-CRIMINAL FINGERPRINT SEARCH IS \$75, UNLESS OTHERWISE PROVIDED BY LAW OR AUTHORIZED AGREEMENT. AN ADDITIONAL \$24 MUST BE SUBMITTED FOR EACH AUTHORIZED FBI FINGERPRINT SEARCH REQUESTED FOR NON-CRIMINAL JUSTICE LICENSING/EMPLOYMENT.

**DIVISION OF CRIMINAL JUSTICE SERVICES (DCJS)
NON-CRIMINAL FINGERPRINT TRANSMITTAL FORM
NEW YORK STATE - AGENCY REVENUE TRANSFERS**

For use by Banking, DCJS, DOCS, Environmental Conservation, Health, Insurance Department, Labor, Law, Liquor Authority, Lottery, Motor Vehicles, OASAS, OCA, OCFS, OMH, OMRDD, Parks & Recreation, Parole, Racing & Wagering, SED, Department of State, State Police, Worker's Compensation; or other authorized State Agency.

INSTRUCTIONS: This form is to be used for routine non-criminal fingerprint processing services. Complete each of the spaces below for every transaction being submitted. Attach additional transmittal forms as required, and number each form. Completed forms and fingerprint cards are to be submitted directly to DCJS in the green envelopes provided, or transmitted to the contributing agency according to approved procedures.

Contributing Agency: NYS Department of State

Date: ___ / ___ / ___

Agency Contact Person: _____

Phone: _____

Agency Fund: 169-FO

NAME OF PERSON FINGERPRINTED Last Name, First Name	DCJS Fee*	FBI Fee*	Line Totals
1.	\$75	\$24	
2.	\$75	\$24	
3.	\$75	\$24	
4.	\$75	\$24	
5.	\$75	\$24	
6.	\$75	\$24	
7.	\$75	\$24	
8.	\$75	\$24	
9.	\$75	\$24	
10.	\$75	\$24	
Column Totals			

*When the DCJS and/or FBI fee for a transaction is not applicable, cross out the amount in the associated column and do not include in the "totals" calculations.

Agency Account Authorization:
I hereby authorize DCJS to charge the account established for the above-named agency in the amount of \$ _____ to process the fingerprint transactions listed on this and any attached and numbered transmittal forms. I understand that use of the Agency account authorization code authorizes DCJS to charge our account.

19000

Agency account authorization code	Signature	Print Name	Date
--------------------------------------	-----------	------------	------

SECURITY GUARD TRAINING ADVISORY

Waivers/Exemptions from Mandated Training

NYS DEPARTMENT OF STATE
DIVISION OF LICENSING SERVICES
84 HOLLAND AVENUE
ALBANY, NY 12208-3490

Customer Service: (518) 474-4429
Fax: (518) 473-6648
www.dos.state.ny.us

TRAINING REQUIREMENTS:

Section 89-G of Article 7A requires all persons engaged in security guard activities be registered with the New York State Department of State (DOS), and complete all training (unless exempt) at schools approved by the Division of Criminal Justice Services (DCJS). The following training courses are required:

- ✘ **8 Hour Pre-Assignment** - A general introductory course. You must complete this course and submit a copy of the certificate issued to you with your security guard application.
- ✘ **16 Hour On-The-Job (OJT)** - Relevant to the duties of guards, requirements of the work site, and the needs of the employer. You must complete this training within 90 days of employment.
- ✘ **8 Hour Annual In-Service** - Must be completed in the calendar year following completion of the 16-hour OJT course, and every year thereafter.

Waivers - Applications for a waiver of the aforementioned security guard training may be reviewed up to a maximum of seven years (or 5 years on firearms) after separation from a sworn law enforcement position in New York.

In addition to the above courses, security guards who carry a firearm must have their registration upgraded to Armed Guard status, and in order to do so must also complete:

- ✘ **47 Hour Firearms Course** - You must successfully complete this training at an approved school and submit a copy of the certificate with your application for issuance of an armed guard registration; and
- ✘ **8 Hour Annual Firearms Course** - Armed Guards must complete this course in the calendar year following the completion of the 47 Hour Firearms course and every year thereafter.

Waivers - Applications for a waiver of firearms training for Armed Guards may be reviewed up to a maximum of five years after separation from a sworn law enforcement position in New York.

For purposes of registration, you may be granted a waiver from training if you can demonstrate completion of training that meets or exceeds the minimum standards for the 8-Hour Pre-Assignment, OJT, or 47 Hour Firearms course. Requests for waivers should be directed to DCJS. To request a waiver, contact DCJS directly at (518) 457-4135, or write them at 4 Tower Place, Albany, NY 12203. If approved, DCJS will send you a waiver letter to submit with your security guard application to DOS.



EXEMPTIONS:

I. Police Officers:

The Security Guard Act **exempts active police officers** from the definition of a security guard. This means active police officers accepting secondary employment are **not** required to register or complete training.

Retired Police Officers:

In order to be exempt from the training, you must provide DOS with a letter from your department (signed by your department) indicating your retirement date. In addition, if you are required by your security guard employer to carry a firearm, or are authorized to have access to a firearm, you must provide proof to DOS and your employer of having completed a Basic Course for Police Officers (or an equivalent course), that included initial firearms training, within one year prior to employment as an armed security guard.

If your initial firearms training occurred more than a year before employment as an armed security guard, you must complete an 8 Hour Annual Firearms Course for Security Guards and report that training to DOS and your employer.

- If it has been more than 10 years since you retired as a police officer, you are additionally required to complete the 8 Hour Annual In-Service Training Course for Security Guards every year thereafter.

II. Peace Officers:

Section 170.1 of Title 19 NYCRR exempts from the definition of a security guard, any individual designated as a peace officer under Article 2 of the NYS Criminal Procedure Law (CPL). The powers of a peace officer are only valid while the individual is acting in his or her official capacity for their primary employer. Consequently, during outside employment (moonlighting), a peace officer is no longer acting in his or her official capacity, and, therefore, must register and complete all training, (unless the individual has either been waived [see the front of this advisory], or is exempt [based on specific job titles] (see **Recent Amendments that may have a direct affect on you**, below, of this advisory).

Current Peace Officers Applying for Firearms Training Waivers

If your employer has authorized you to carry a firearm in the line of duty, and you have been employed for 18 months or more and can exhibit a valid certificate, you are exempt from the 47 Hour Firearms Course, and the additional 8 Hour Annual Firearms Course for holders of an armed security guard registration. Individuals seeking registration as an armed guard, must provide the Department of State with a copy of a waiver letter (issued by DCJS) and a certificate of completion for the MPTC Basic Course for Peace Officer with Firearms, or both the Basic Course for Peace Officers without Firearms and Firearms and Deadly Physical Force [long firearms course].

Recent Amendments that may have a direct affect on you:

Section 89-n (4) GBL has been amended to exempt certain categories of peace officers (see **Categories of Peace Officers Exempt from Training per Amendment to §89-n (4) GBL**, next page) from the following training: 47 Hour Firearms Course, 8-Hour Pre-Assignment, OJT, and 8 Hour Annual In-Service. To qualify for an exemption, a peace officer must either be currently employed in one of the job titles (see **Categories of Peace Officers Exempt from Training per Amendment to §89-n (4) GBL**, next page), or retired from one of those job titles for **NOT** more than 10 years. Although exempt from the 8 Hour Annual In-Service training course for the first 10 years of retirement, the retired peace officer is subject to an 8 Hour Annual Firearms training course, if their basic course was completed more than a year prior to filing their security guard application.

Note: If it has been more than 10 years since an individual retired as a peace officer, they are required to complete the 8 Hour Annual In-Service Training Course for Security Guards, and additionally, if armed, the 8 Hour Annual In-Service Firearms Training Course every year thereafter.

Categories of Peace Officers Exempt from Training per Amendment-to §89-n (4) GBL

- A. Sheriffs, Undersheriffs, and Deputy Sheriffs of NYC, and sworn officers of the Westchester County Dept. of Public Safety Services as defined in NYS CPL, §2.10 (2):** In order to be exempt from the 47 Hour Firearms Training Course, 8-Hour Pre-Assignment, OJT, and Annual In-Service Training, individuals must provide the Department of State with either a copy of their Basic Course for Peace Officers certificate, or a letter from the personnel office of the entity for which they work(ed), indicating basic peace officer training. If currently employed, they must also provide a copy of their ID card showing current employment in one of the appropriate law enforcement categories, and that they are in good standing.
- B. Security personnel for the Triborough Bridge and Tunnel Authority as defined in NYS CPL, §2.10 (20):** In order to be exempt from the 47 Hour Firearms Training Course, 8-Hour Pre-Assignment, OJT, and Annual In-Service Training, individuals must provide the Department of State with either a copy of their Basic Course for Peace Officers certificate, or a letter from the personnel office of the entity for which they work(ed), indicating basic peace officer training. If currently employed, they must also provide a copy of their ID card showing current employment in one of the appropriate law enforcement categories, and that they are in good standing.
- C. Uniformed Court Officer as defined in NYS CPL, §2.10 (21)(a):** In order to be exempt from the 47 Hour Firearms Training Course, 8-Hour Pre-Assignment, OJT, and Annual In-Service Training, individuals must provide the Department of State with either a copy of their Basic Course for Peace Officers certificate, or a letter from the academy indicating their academy training. These courses must meet or exceed the MPTC basic course without firearms. In addition, if the individual is in an armed position, the individual must have completed MPTC Basic Course for Peace Officer with Firearms, or both the Basic Course for Peace Officers without Firearms and Firearms and Deadly Physical Force [long firearms course]. If currently employed, the individual must also provide a copy of their ID card showing current employment, and that they are in good standing.
- D. Court Clerks as defined in NYS CPL, § 2.10 (21)(b):** In order to be exempt from the 47 Hour Firearms Training Course, 8-Hour Pre-Assignment, OJT, and Annual In-Service Training, individuals must provide the Department of State with either a copy of their Basic Course for Peace Officers certificate, or a letter from the academy indicating their academy training. These courses must meet or exceed the MPTC basic course without firearms. In addition, if the individual is in an armed position, the individual must have completed MPTC Basic Course for Peace Officer with Firearms, or both the Basic Course for Peace Officers without Firearms and Firearms and Deadly Physical Force [long firearms course]. If currently employed, the individual must also provide a copy of their ID card showing current employment, and that they are in good standing.
- E. NYS Corrections Officers as defined in NYS CPL, §2.10 (25):** (This does not include city or county correction officers) In order to be exempt from the 47 Hour Firearms Training Course, 8-Hour Pre-Assignment, OJT, and Annual In-Service Training, individuals must provide the Department of State with a letter from the NYS Department of Correctional Services and a copy of their ID card showing that they are currently employed as a NYS Corrections officer in good standing.

NOTE: Individuals who are no longer active peace officers and do not have a valid basic course certificate, or do not qualify for either a waiver or an exemption, must complete the 47 Hour Firearms Training Course, 8-Hour Pre-Assignment, and OJT.

Tab B



STATE OF NEW YORK
DEPARTMENT OF STATE
DIVISION OF LICENSING SERVICES
84 HOLLAND AVENUE
ALBANY, N.Y. 12208-3490

GEORGE E. PATAKI
GOVERNOR

RANDY A. DANIELS
SECRETARY OF STATE

DATE: NOVEMBER 23, 2004

Dear Security Guard Applicant:

This is to acknowledge receipt of your application and non-refundable fee for a Security Guard registration in the name of:

After review of the application and the information submitted in support thereof, the Department of State is proposing to deny your application because:

- (X) You have been convicted/arrested of a serious offense pursuant to Article 7-A of the General Business Law.
- (X) You have been convicted/arrested of a felony or a misdemeanor and:

There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought, or

The issuance of the license or the granting of the employment would involve an unreasonable risk to property or to the safety or the welfare of specific individuals or to the general public.

- () You have been denied authorization to perform Security Guard functions in another jurisdiction or your authorization was suspended or revoked.
- () Your application contained a material false statement or omission.
- (X) Other:
NOTWITHSTANDING THE ISSUANCE OF A CERT. OF RELIEF/GOOD CONDUCT, THE FACTS & CIRCUMSTANCES RELEVANT TO YOUR CONVICTION BEAR A RELATIONSHIP TO THE DUTIES OF A SECURITY GUARD.

- OVER -

It is a criminal offense for a security guard company to knowingly employ any individual who has been convicted of a serious offense or other disqualifying conviction to perform security guard functions.

You may request a formal administrative hearing before an administrative law judge. The purpose of this hearing is to review the proposed denial of your application. If you choose to request a formal hearing, you have the burden of proving to the administrative law judge that you are qualified under the law for registration as a Security Guard. At such hearing you may be represented by an attorney.

To request an administrative hearing, submit a written request to Application Audit Unit, Department of State, Division of Licensing Services, 84 Holland Avenue, Albany, NY 12208-3490.

**** THE WRITTEN REQUEST MUST BE SUBMITTED WITHIN 35 DAYS ****
AFTER RECEIPT OF THIS LETTER.

You may submit additional documentation to support the Security Guard application at this time and request an informal conference prior to hearing.

If you choose not to request a hearing, this denial will become final upon expiration of the 35 day period.

Sincerely

Division of Licensing Services
DEN/CAMP

cc: Employee

Tab C

SAMPLE LETTER REQUESTING A HEARING

[Date]

Application Audit Unit
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001

RE: [Applicant's name]
[Security Guard Application # _____]

Dear Sir or Madam:

I am requesting an administrative hearing to review the denial of the above security guard application.

Thank you for your attention to this matter.

Sincerely,

[Signature]
[Name]

Tab D



STATE OF NEW YORK
DEPARTMENT OF STATE
123 WILLIAM STREET
NEW YORK, NY 10038-3804

GEORGE E. PATAKI
GOVERNOR

RANDY A. DANIELS
SECRETARY OF STATE

OFFICE OF ADMINISTRATIVE HEARINGS
(212) 417-5776
Fax: (212) 417-4678

Presiding:

Hon. ROGER SCHNEIER
Administrative Law Judge

Assigned Litigator:

RICHARD DREW

-----X
DIVISION OF LICENSING SERVICES
In the Matter of the Application of:

NOTICE OF HEARING
TO
APPLICANT

For Registration as a Security Guard.
-----X

PLEASE TAKE NOTICE that under the provisions of the General Business Law, Article 7A, §89-k, a hearing on your application for registration as a security guard will be held:

AT: State of New York, Department of State
Administrative Law Tribunal
123 William Street
20th floor hearing room
New York, New York 10038

DATE: MARCH 9, 2005

TIME: 10:00 A.M.

NOTE: GOVERNMENT ISSUED PHOTO ID REQUIRED FOR ADMISSION TO BUILDING

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NOTICE OF HEARING

-2-

A party to this action may be represented by an attorney or may appear in person and present witnesses and evidence relevant to the issues.

Under the provisions of the Executive Law, §166, of the State of New York, an attorney representing a party before this tribunal is required to execute and file the enclosed notice of appearance with the tribunal with a copy sent to the assigned litigator.

An attorney appearing for parties to this action may issue and serve subpoenas in accordance with the provisions of 19 New York Codes, Rules and Regulations, §400.5. A party appearing without counsel may make application to the administrative law judge for the issuance of subpoenas, the service of which must be arranged for by the party requesting the subpoenas.

The issuance of the notice of formal hearing in this case does not necessary mean that this matter cannot be resolved by consent order and agreement between the Division of Licensing Services and respondent(s). The litigator assigned to the case is authorized to receive and to act upon proposed settlements. If settlement appears possible after the commencement of the hearing, the administrative law judge may suggest discussions between the parties or, on request, will afford reasonable opportunity during the hearing for such discussions.

Unless otherwise specifically ordered by the administrative law judge, the hearing will be held at the date, hour, and place indicated in this notice of hearing; and if a party fails to appear, the hearing will be held in the party's absence. Adjournments will not be granted unless good and sufficient grounds are shown and the following requirements are met: (1) The request must be in writing; (2) grounds must be set forth in detail to the Administrative Law Judge; (3) firm alternative dates for any rescheduled hearing must be given; (4) a good faith effort must be made by the requesting party, to determine the position and alternative dates of all other parties, and such information shall be set forth in the request; and (5) copies must be simultaneously served on all other parties to the hearing, and that fact must be noted on the request. A request for adjournment will not be granted during the three days immediately preceding the date of hearing. No party shall be granted more than two adjournments.

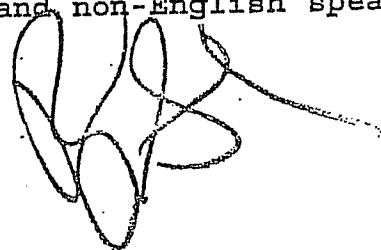
All exhibits offered in evidence at the hearing shall be in duplicate. Copies of exhibits should be supplied to the administrative law judge and other parties at the time the exhibits are offered in evidence. If sufficient copies of any exhibit are not available at the time an exhibit is received in evidence, it will be the responsibility of the party offering such exhibit to submit the necessary copies before the close of the hearing.

NOTICE OF HEARING

-3-

On reasonable notice to the assigned litigator, interpreter services will be made available to deaf and non-English speaking persons without charge.

Dated: FEBRUARY 8, 2005

A handwritten signature in black ink, appearing to read 'R. Schneier', with a long horizontal line extending to the right.

ROGER SCHNEIER
Administrative Law Judge

Tab E



Case No. _____

DOS v. _____

STATE OF NEW YORK

NOTICE OF APPEARANCE

Section 166 of the Executive Law requires a regulatory agency to maintain for public inspection, a record of who appears before it for a fee as a third party (i.e., an attorney, agent, lobbyist, or representative) on behalf of a person or organization subject to the regulatory jurisdiction of the agency. This usually occurs when the third party's client is involved in an enforcement, formal permit, or application matter. *This form is subject to all the rules and regulations of the Freedom of Information Law. Information that is confidential as a matter of law need not be furnished.*

Agency: DEPARTMENT OF STATE Date: _____

Division/Bureau: OFFICE OF ADMINISTRATIVE HEARINGS

1. Name of individual appearing: _____

Address: _____

Telephone: _____

2. Client represented: _____

Address: _____

Telephone: _____

3. Subject of appearance: Regulatory/Enforcement Lobbying

4. Acting in capacity of:

Attorney Lobbyist* Agent Other (describe) _____

5. Are you being compensated? YES NO If YES: Fee Salary

6. Signature of individual appearing: _____

7. Agency official (PRINT NAME): _____

Signature: _____

* A LOBBYIST is a person or organization, other than a New York State government employee acting in an official capacity, who appears for the purpose of influencing the adoption or rejection of proposed rules, regulations, rates or legislation, including the State budget. An "appearance," for lobbying purposes, can be a personal visit, letter, telephone call, conversation

Tab F

