NYS Division of Criminal Justice Services
Missing Persons Clearinghouse
80 South Swan Street
Albany, NY 12210
1-800-346-3543

Missing Persons Training for 911 Dispatchers and First Responders

Training Registration

Reset Form

Agency Name

Address 1

Address 2

City

State NY Zip Code

Phone Number (no dashes or parentheses)

* Pursuant to NYS Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit or privilege.

Last Name

First Name

S.S.N.* (last 4 digits) D.O.B. (mmddyyyy)

E-mail

Position
- ☐ Police Officer — Rank
- ☐ Peace Officer — Type
- ☐ Civilian — Type
- ☐ Federal Law Enforcement — Type

Status ☐ Full-time ☐ Part-time ☐ Volunteer

Submit Test Score Here - 70% and above is passing.

NOTE: The "Submit by Email" button will operate only if Microsoft Outlook is used. If another email program is used, it is necessary to save this form after completing and submit it as an email attachment to: missingpersons@dcjs.ny.gov. However, if you have difficulty submitting electronically, you may complete this form online (please do not handwrite), click the 'Print Form' button and fax to (518) 457-6965.

Submit by Email

Print Form