



New York State Division of Criminal Justice Services Security Guard Program- Forms Request For Part 1 and Part 2 Optical Mark Reader Forms (Bubble Sheets)

Section 1- Training School Information

School Director Name:	School Name	School Code	Request Date:	Telephone Number
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Address:	Room/ Suite #	City, State, Zip
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School Expiration Date:	Email address:	Shipping Company (A valid account with a shipping company is required for shipment of program forms)
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Account Number:	Shipping Address (If different from above):	Shipping City, State and Zip:
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Pursuant to Training Bulletin #699-1-08, DCJS is no longer able to incur shipping costs for the mailing of these forms. PLEASE PROVIDE A PRE-PAID LABEL FROM YOUR VALID SHIPPING ACCOUNT.

Section 2- Forms Request

Forms:	Quantity:
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Part 1 Instructor Red Forms (25/pack)

Part 2 Student Orange Forms (50/pack)

Fax Request to: (518) 485-7639

Email Request to: Darlene.Reilly@dcjs.ny.gov

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

Mail Request to:

NYS Division of Criminal Justice Services
Office of Public Safety - Security Guard
Program
80 South Swan St. - 3rd Floor
Albany NY 12210

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