

**NEW YORK STATE
Division of Criminal Justice Services
Office of Public Safety
Security Guard Program**

SECURITY GUARD FIREARMS TRAINING QUESTIONNAIRE

In an effort to assess the quality of security guard firearms training being provided by NYS approved armed security guard training schools, the Division of Criminal Justice Services is requesting the completion of this questionnaire.

Name: _____

Date: _____

Signature: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Are you an employed security guard? Yes No Never No longer employed

Did you complete the 47 Hour Firearms Training Course for Security Guards? Yes No

If yes, continue

Training began on: Month _____ Day _____ Year _____ and training ended on: Month _____ Day _____ Year _____

Time of training: _____ a.m. to _____ p.m. **OR** _____ p.m. to _____ p.m.

Name of School: _____

Address of training: _____

Names of instructor(s): _____

How many hours of training did you receive? _____ hours

Did you receive classroom instruction in a classroom? Yes No

How was the classroom instruction conducted? (Check all that apply) All lecture Some lecture All video Some video

Did you receive instruction on the range? Yes No

How was the range instruction conducted? (Check all that apply)
All lecture Some lecture All video Some video Shooting exercises

Did you complete training in the Use of Force/Deadly Physical Force? Yes No

Did you practice shooting your weapon while on the range? Yes No

Did you qualify with your weapon and ammunition? Yes No Type of weapon used: _____

Were handouts provided? Yes No Were you required to take notes? Yes No

Did you take a final written examination? Yes No

Did you receive a certificate of completion? Yes No

Did you complete the 8 Hour Firearms Training Course for Armed Security Guards?

Yes No

If yes, continue

Date(s) of training: _____ Time of Training: _____ a.m. to _____ p.m. **OR** _____ p.m. to _____ p.m.

Name of School: _____

Address of training: _____

Names of instructor(s): _____

How many hours of training did you receive: __ hours

Did you receive classroom instruction? Yes No

How was the classroom instruction conducted? (Check all that apply) All lecture Some lecture All video Some video

Did you receive instruction on the range? Yes No

How was the range instruction conducted? (Check all that apply)

All lecture Some lecture All video Some video Shooting exercises

Did you complete training in the Use of Force/Deadly Physical Force? Yes No

Did you practice shooting your weapon while on the range? Yes No

Did you qualify with your duty weapon and duty ammunition? Yes No Type of weapon used: _____

Were handouts provided? Yes No Were you required to take notes? Yes No

Did you take a final written examination? Yes No

Did you receive a certificate of completion? Yes No

Please use the space below to provide any additional information on the security guard training you completed.

Thank you for completing this questionnaire. If you have any questions, please contact the Office of Public Safety, Security Guard Program at (518) 457-2667.

Forward the completed questionnaire either by mail to:

NYS Division of Criminal Justice Services
Office of Public Safety
Security Guard Program
80 South Swan Street
Albany, NY 12210

By fax: (518) 485-7639

Or by e-mail to:

dcjsopssecurityguard@dcjs.ny.gov