

**SECURITY GUARD TRAINING SCHOOL NOTIFICATION OF CHANGES**

Complete Part I for changes to the school information and/or documents. Complete Part II for changes to the School Owner, School Director, School Co-Director or Partner(s). Complete Parts I & II if there are changes to information contained in both parts. Submit Part I and/or Part II to the Division of Criminal Justice Services at the above address. Direct questions to Security Guard Program staff at (518) 457-2667.

**PART I**

School Name: \_\_\_\_\_

School Identification Number: \_\_\_\_\_

**CHANGE(S) [Check all that apply and provide information]:**

School Name: \_\_\_\_\_  
\*For any corporate, limited liability company or limited partnership provide copy of NYS Department of State name availability response.

School Phone Number: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

School E-Mail Address: \_\_\_\_\_

Type of Ownership - Provide supporting documents for type of ownership.

- Sole Proprietorship – Provide consent to do business from county clerk
- Partnership/Limited Partnership – Provide copy of partnership/limited partnership agreement
- Corporation – Provide Certificate of Incorporation and if applicable, certificate of assumed name
- Limited Liability Company – Provide copy of Official Filing Receipt
- Not-for-Profit – Provide Certificate of Incorporation
- Other – Provide applicable documentation

School Catalog (Attach copy)

Enrollment Agreement (Attach copy)

Payment Receipt Form (Attach copy)

\_\_\_\_\_  
Printed Name of Requester  
(School Owner or School Director only)

\_\_\_\_\_  
Title (School Owner or School Director)

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

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**PART II**

School Name:	School Identification Number:
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**Change to School Owner**

Federal Tax ID Number/Employer ID Number:	Department of State License Number or UID
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School Owner or Corporation Name:	If Corporation, Contact Name and Title & Date of Birth mm/dd/yyyy:
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Street Address	City, State, Zip Code	Telephone Number (area code + number)
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If sole owner (proprietor) of school provide the following:

Gender	Date of Birth	*Social Security Number	Email Address
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Has the SCHOOL OWNER ever been affiliated with or owned any security guard school?  No  Yes  
 If yes, 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.

**Change to (check one):**  **School Director**     **School Co-Director**     **Partner**

Name & Date of Birth mm/dd/yyyy	Gender	*Social Security Number
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Telephone Number (area code + number)	Email Address (REQUIRED)	Department of State UID
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Have you ever been affiliated with or owned any security guard school?  No  Yes  
 If yes, 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.

**Disclosure (School Owner, School Director, School Co-Director, Partner)**

Have you ever been convicted in this state or elsewhere of a crime, misdemeanor or a felony?  No  Yes  
 If yes, 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?  No  Yes  
 If yes, 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?  No  Yes  
 If yes, you must submit all relevant documents, including the agency determination, if any.

**Affirmation: This affidavit must be signed and sworn to by the signer 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 DCJS may ask for additional information/documentation.  
**For School Director:** I further understand that as the School Director I must attend the School Director Orientation Seminar if required by the Division of Criminal Justice Services (DCJS).

Notary Stamp	
_____ Printed Name	Sworn and subscribed before me this _____ day of _____ 20____
_____ Signature	_____ Date
_____ Notary Signature	

\*Attach additional sheets as required