

---

THIS FORM IS USED TO APPLY FOR THE INITIAL SECURITY GUARD INSTRUCTOR CERTIFICATION. FORMS PRESENTED FOR FILING MUST CONTAIN ORIGINAL SIGNATURES. ALTHOUGH THE BLANK FORM MAY BE DUPLICATED, PHOTOCOPIES OF COMPLETED FORMS, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED. OMISSIONS OR LACK OF INFORMATION WILL **STOP** THE REVIEW PROCESS.

---

**A non-refundable fee of \$500 must be submitted with the Security Guard Instructor Application. Payment must be in the form of a money order, bank certified check, or corporate check and made payable to the NYS Division of Criminal Justice Services (DCJS). A Security Guard Instructor Certification Review Worksheet is included with this application for self evaluation purposes to assist in determining if the application meets all the required information and meets minimum requirement for submission to DCJS. Since the application fee is non-refundable, it is recommended that the applicant complete the Worksheet before submitting the application to DCJS. Questions concerning the completion of the Worksheet should be directed to Security Guard Program staff at (518) 457-2667.**

Pursuant to the (9)9 NYCRR 6029.3, this application is used for persons who possess a combination of education, teaching experience, formal instructor training, and law enforcement experience and or security experience and are seeking certification as a Security Guard Instructor. DCJS reserves the right to require further documentation as necessary to properly classify and/or verify the information and experience contained herein.

### **SECTION I: APPLICANT INFORMATION**

Type or print legibly, the applicant's last name, first name, middle initial, date of birth, social security number\*, gender, address, and telephone number. If the applicant is temporarily living away from home (e.g. enrolled at a college or university, on military assignment, etc.) **DO NOT** list the temporary address. Check the appropriate box(es) regarding criminal conviction, pending criminal charges, and revocations or denials of any license, permit, commission, registration, or application. If answering yes, submit all relevant documents with application.

A security guard instructor must meet minimum requirements pursuant to 9 NYCRR Part 6029 to include being an officer, member, or principal currently licensed by the Department of State as a private investigator; watch, guard or patrol agency; or armored car carrier agency; or maintain a valid security guard registration card issued by the Department of State; or maintain a valid armored car guard registration card issued by the Department of State. Enter your UID Number or Department of State License Number on the form.

\*Pursuant to the New York State 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 applicant. 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.

### **SECTION II – EDUCATION**

Enter the highest grade the applicant has completed, and the area of concentration (if above high school). If you have accumulated 60 or more college credits, but have not completed a college degree program, you may qualify for additional points. Check the appropriate box for Criminal Justice or Security Management/Administration if you have completed a minimum of 24 college credits in either discipline. Enter the number of credits you have earned in Criminal Justice or Security Management/Administration. Attach copies of your degree(s) and or transcript where appropriate.

### **SECTION III - EMPLOYMENT EXPERIENCE**

Check the appropriate box(es) and enter the number of years and months worked for any categories being claimed as work experience. **The applicant is required to submit an original letter from the employer verifying employment dates and experience.** Verification of law enforcement employment will usually be confirmed through the Police/Peace Officer Registry within the Division of Criminal Justice Services.

### **SECTION IV – INSTRUCTOR TRAINING**

The applicant must provide the following information for the instructor course **completed**: title (name of course), what entity administered the training, and the course length (number of hours). Only DCJS approved courses, such as the Instructor Development Course (Methods of Instruction - NYPD), Security Guard Instructor Development Course, or a valid NYS Teachers Certificate.

## **SECTION V - INSTRUCTOR EXPERIENCE**

Enter the total number of years as an instructor with a security guard, criminal justice, and law enforcement agency or company. List the locations and dates of training you provided within the last five years. If you require additional space, attach a separate sheet using the same format.

## **SECTION VI – APPLICANT AFFIRMATION**

**This is an affirmation to the accuracy of information supplied on the application.** Indicate whether or not DCJS is authorized to release your contact information on a listing of security guard schools and/or instructors. **This must be signed and sworn to by the applicant before a notary public.** Failure to complete this section as required will **STOP** the application process.

Where applicable, include the following:

- Original letter from employer verifying employment experience and employment dates.
- Course completion certificate or documentation verifying satisfactory completion with dates of instructor course(s).
- Other than this application, **do not submit original documentation** unless specifically requested to do so. Submitted documents will not be returned.

## **MAIL APPLICATION AND PAYMENT TO:**

NYS Criminal Justice Services  
Director - Office of Financial Services  
Alfred E. Smith Office Building,  
80 South Swan Street  
Albany, NY 12210

**Questions:** (518) 457-2667

**\*Do Not Mail Cash, Personal Checks, or Credit Cards**

Sample employment verification letter, to be submitted **on agency/company letterhead**.

Date

NYS Division of Criminal Justice Services  
Office of Public Safety - Security Guard Program  
AESOB - 80 S. Swan Street  
Albany, NY 12210

**(Applicant Name)** has been continuously employed as **(position)** with the **(department/agency name)** from **(start date)** to **(end date)**.

Sincerely,

Agency/Company CEO  
Title

New York State Division of Criminal Justice Services  
**SECURITY GUARD PROGRAM – SECURITY GUARD INSTRUCTOR APPLICATION**



**SECTION I – APPLICANT INFORMATION** (to be completed by the applicant)

Last Name	First Name	MI	Date of Birth	Social Security Number*	Gender
Home Mailing Address	Apt./Suite#	City, State			Zip Code
Home Residence Address (if Different)	Apt./Suite#	City, State		Zip Code	County of Home Residence
Home Telephone Number (area code + number)	Cellular Telephone Number (area code + number)		Department of State License Number or (UID)		
<p>Has the Applicant ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, 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.</p> <p>Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).</p> <p>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? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If <b>yes</b>, you must submit all relevant documents, including the agency determination, if any.</p>					

\*Pursuant to the New York State 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.

**SECTION II – EDUCATION**

Highest Grade Completed: <input type="checkbox"/> HS/GED <input type="checkbox"/> AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MS/MA <input type="checkbox"/> Phd./JD	Area of Concentration
College Credits/Degree in: <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Security Management	Credits

**SECTION III – EMPLOYMENT EXPERIENCE**

<input type="checkbox"/> Security Guard	Years/Mos	<input type="checkbox"/> Peace Officer	Years/Mos	<input type="checkbox"/> Police Officer	Years/Mos	<input type="checkbox"/> Other (specify) _____	Years/Mos
<b>An original copy of the letter from the employer verifying dates and type of employment must be included.</b>							

**SECTION IV – INSTRUCTOR TRAINING** (DCJS Approved Instructor courses only)

Course Title	Administered by	Course Length (hours)
<b>A copy of the course completion certificate must accompany the application.</b>		

**SECTION V – INSTRUCTOR EXPERIENCE**

Enter the total number of years as an instructor with a security, criminal justice and/or law enforcement agency/company. List the agency/company for which you have provided instruction over the last five years. If you require more space, attach additional sheets. Include official documentation which demonstrates your participation in each instance listed.		Years
Name of Entity	mm/dd/yyyy	mm/dd/yyyy
Name of Entity	mm/dd/yyyy	mm/dd/yyyy
Name of Entity	mm/dd/yyyy	mm/dd/yyyy
<b>An original copy of the letter from the employer verifying dates and type of instruction must be included.</b>		

**SECTION VI – APPLICANT AFFIRMATION**

**Applicant Affirmation:** This affidavit must be signed and sworn to by the Applicant before a Notary Public. I hereby attest that the information provided in this application is true to the best of my knowledge and belief. I understand that any omission or inaccuracy may be deemed sufficient reason to deny approval. I understand that the Division of Criminal Justice Services may ask for additional information/documentation.

I give permission to the Division of Criminal Justice Services (DCJS) to release my name, address and telephone number to those requesting general information on, or a listing of, NYS Certified Security Guard Instructors.  Yes  No

Notary Stamp

\_\_\_\_\_  
Applicant Signature

<b>FOR DCJS USE ONLY</b>	<b>FOR DCJS USE ONLY</b>	Sworn and subscribed before me this ____ day of _____ 20__
Reviewed By:	Date:	_____ Notary Signature



**SECURITY GUARD PROGRAM – SECURITY GUARD INSTRUCTOR APPLICATION REVIEW WORKSHEET**

**EMPLOYMENT EXPERIENCE**

**Number of Points**

If you have police, peace, or security guard industry experience add 10 points for each year of experience up to a maximum of three years. You may not receive more than 30 points.

\_\_\_\_\_

**INSTRUCTOR TRAINING**

If you have completed a DCJS approved formal instructor course in the techniques of organizing and presenting instructional materials add 40 points.

\_\_\_\_\_

**INSTRUCTOR EXPERIENCE**

If you have documented experience as an instructor in law enforcement or security related subjects add 10 points.

\_\_\_\_\_

**TOTAL NUMBER OF POINTS**

Add the number of points for education, employment experience, instructor training and instructor experience for total number of points.

**TOTAL NUMBER OF POINTS**

\_\_\_\_\_

**\*Do not submit application if total number of points is less than 70 points.**