

SECURITY GUARD PROGRAM – SECURITY GUARD CLASS ROSTER / NOTIFICATION OF SUCCESSFUL COMPLETION

THIS FORM IS USED TO SUBMIT NAMES OF PERSONS WHO SUCCESSFULLY COMPLETED SECURITY GUARD TRAINING REQUIRED BY ARTICLE 7 OF THE GENERAL BUSINESS LAW §89-N. 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 PROCESS.

Within seven days of completion of the class, the form must be forwarded to the Division of Criminal Justice Services, Security Guard Program. The number of individuals in any **class cannot exceed 35**.

SECTION I – SCHOOL INFORMATION

Type the information required for each box. The form cannot be processed if any of the information is missing. Record the school identification number **EXACTLY** as provided. Incomplete rosters or erroneous forms will be returned.

SECTION II – AFFIRMATION

This section contains an affirmation regarding the accuracy of this form and course content. This section **must** be ink signed and dated. **ORIGINAL SIGNATURES ONLY.**

SECTION III – CLASS LIST

Enter the names of only the students who **successfully completed the training**. All information must be typed in the areas **provided**. It is mandatory to include each student's telephone number with area code.

SECTION I – SCHOOL INFORMATION (To be completed by school)

SCHOOL IDENTIFIER	YEAR TRAINED	School Name & Training Site Address (include room number)
Course Number and Title (check one only)		
☐ (700) 8 Hour Pre-Assignment Training Course for Security Guards		
☐ (701) 16 Hour On the Job Training Course for Security Guards		
☐ (703) 8 Hour Annual In-Service Training Course for Security Guards		
☐ (704) 8 Hour Annual Firearms Training Course for Armed Security Guards		
Course Date(s) and Time(s)		School Director
Date – Day 1 (mm/dd/yyyy): _____ Start Time: _____ ☐ am ☐ pm End Time: _____ ☐ am ☐ pm *Time includes meal break		
Date – Day 2 (mm/dd/yyyy): _____ Start Time: _____ ☐ am ☐ pm End Time: _____ ☐ am ☐ pm *Time includes meal break		
Date – Day 3 (mm/dd/yyyy): _____ Start Time: _____ ☐ am ☐ pm End Time: _____ ☐ am ☐ pm *Time includes meal break		
Date – Day 4 (mm/dd/yyyy): _____ Start Time: _____ ☐ am ☐ pm End Time: _____ ☐ am ☐ pm *Time includes meal break		
Date – Day 5 (mm/dd/yyyy): _____ Start Time: _____ ☐ am ☐ pm End Time: _____ ☐ am ☐ pm *Time includes meal break		
Long Firearms Course Number and Title		Other Course Number and Title
☐ (702) 47 Hour Firearms Training Course for Armed Security Guards		☐ (705) 40 Hour Instructor Development Course
Course Date(s) (mm/dd/yyyy) From: _____ thru: _____		
Instructor Name and Signature		Social Security Number

MAIL COMPLETED FORMS TO: NYS Division of Criminal Justice Services
Office of Public Safety - Security Guard Program
Alfred E. Smith State Office Building, 3rd Floor
80 South Swan Street
Albany, New York 12210 .

QUESTIONS: (518) 457-4135

SECTION II – AFFIRMATION

I hereby certify that the individuals listed below have successfully completed all aspects of this course and that the curriculum for this course has not been altered in either content or duration from that which was approved. I further certify that this course meets the minimum standards set forth by rule or statute. I affirm under penalty of perjury that the statements made on this form, including all attachments, are true and correct to the best of my knowledge.

School Director Printed Name _____

School Director Signature _____ Date _____

SECTION III – CLASS LIST

Social Security #	Name: Last, First, MI	Date of Birth	Sex	Home Phone #
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