Training Waiver vs. Exemption

Sworn personnel from the following titles/agencies are eligible for an *exemption* direct from the NYS Department of State, Division of Licensing Services:

Current/active police officers are exempt from training and licensing requirements. They do not need a guard registration card to work security.

- 1. Separated/retired police officers
- 2. NYS DOCCS Corrections Officers
- 3. Bridge and Tunnel Officer, Sergeant or Lieutenant of the TBTA
- 4. Court Officer or Clerk of the Unified Court System
- 5. Sheriff, Undersheriff, or Deputy Sheriff of the NYC Sheriff's Office

Separated/retired for less than 10 years

If the personnel from the above titles are separated/retired for less than 10 years, they do not need to attend an 8-hour annual in-service course prior to applying for the exemption and they are exempt from taking the annual in-service course for the first 10 years following their separation/retirement. After 10 years, they must attend an 8-hour annual in-service prior to applying.

To apply for an armed guard exemption, they must show successful firearms qualification within 12 months of their exemption request. This can be satisfied by supplying a letter from their department showing successful qualification during their last year of active service or successful completion of an 8-hour armed annual at an approved armed guard training school. Department of State and DCJS do not accept LEOSA (HR 218) qualification as acceptable proof.

THE TEN YEAR 8-HOUR ANNUAL IN-SERVICE EXEMPTION DOES NOT EXTEND TO THE 8-HOUR ARMED ANNUAL. ALL ARMED GUARDS, REGARDLESS OF BACKGROUND, MUST SUCCESSFULLY COMPLETE THE ARMED ANNUAL AS OUTLINED IN THE SECURITY GUARD ACT.

Waivers

A training waiver is available to sworn peace officers not specifically listed as exemption eligible. To obtain a waiver a person must complete the training waiver application form

A peace officer is eligible for a training waiver any time after completing the Basic Course for Peace Officers or for 4 years after their separation/retirement.

If a peace officer wants to receive a waiver of the 47-hour firearms training course, they must be an armed peace officer, completed the initial firearms course, and have a minimum of 18 months in service as an armed peace officer. They also must show successful firearms qualification within 12 months of their waiver application. Successful completion can be shown in the same manner as an exemption candidate.

Part time peace officers are not eligible for a training waiver. The applicant must appear as a full-time peace officer on the DCJS registry.

Applicants granted a training waiver will receive a letter from DCJS listing the courses for which they have been waived. A copy of this letter must be sent to the Department of State with the registration card application paperwork.

8 hour Armed Annual Waiver

Current, active armed peace officers can apply for a waiver of the armed annual requirement. This waiver is obtained directly from the Department of State, Division of Licensing Services. An armed peace officer who also holds an armed guard registration card needs to mail the Division of Licensing Services a letter requesting the waiver. The letter must be accompanied by a second letter from the peace officer employer stating that the applicant is a current, active armed peace officer who attends annual firearms qualification as part of their armed peace officer employment. Once the peace officer leaves active service, they must begin completing armed annuals at an approved school. THIS WAIVER MUST BE MAILED TO THE DIVISION OF LICENSING SERVICES.

New York State Division of Criminal Justice Services

WAIVER OF PEACE OFFICER TRAINING REQUIREMENT

(Executive Law §841)

THIS FORM IS USED BY PERSONS WHO HAVE RECEIVED PRIOR CERTIFICATION OF POLICE BASIC TRAINING FROM THE STATE, A COUNTY, CITY, TOWN, VILLAGE, MUNICIPAL AUTHORITY, OR POLICE DISTRICT OF NEW YORK STATE WHILE FORMERLY EMPLOYED AS A POLICE OFFICER. 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.

Executive Law §841 authorizes the commissioner of the Division of Criminal Justice Services to certify police and peace officer basic training, and to issue equivalency certificates when appropriate.

SECTION I: APPLICANT INFORMATION

This section must be completed by the chief executive officer of the applicant's current employer. Only individuals appointed to positions defined in Criminal Procedure Law Sections 2.10 or 2.16 are eligible to apply for the waiver.

Type or print legibly, the applicant's last name, first name, middle initial, date of birth, social security number, and gender. Enter the name of the current employer, the rank and/or title of the applicant, and the date of initial appointment. While the Social Security Number is not required, the accuracy of linking future training records with appointment information cannot be assured without it. Carefully read the certification. Sign and date in the area provided. With the exception of Social Security Number, the information in Section I is required. Incomplete submissions will not be processed.

S E C T I O N I I: PREVIOUS POLICE OR PEACE OFFICER EXPERIENCE

Type or print legibly, the agency name, telephone, complete mailing address, title or rank of the applicant, type of appointment (full or part-time), the date of appointment and the date of separation from service (if any). Repeat for each police employer. Incomplete submissions will not be processed.

Applicants must possess a valid certificate of police basic training to be eligible for the waiver. The provisions of General Municipal Law §209-q regarding the validity of police officer basic training certification applies to former police officers seeking appointment as peace officers, regardless of past employment.

SECTION-III: POLICE BASIC TRAINING

Type or print legibly, the name, telephone, complete mailing address of the agency or academy that provided the police basic training course. Include the name of the course director and the dates of the course. Incomplete submissions will not be processed. A photocopy of the certificate of completion must be attached.

MAILING INSTRUCTIONS:

Mail completed forms to:

NYS Division of Criminal Justice Services Alfred E. Smith State Office Building Office of Public Safety – Records Unit 80 South Swan St., 3rd Floor Albany, NY 12210

QUESTIONS:

If you have any questions regarding this form, call (518) 457-2667 for assistance.

New York State Division of Criminal Justice Services

WAIVER OF PEACE OFFICER TRAINING REQUIREMENT (Executive Law §841)

	LICANT INFORM	IATION (To be complete	d by the c	hief la	w enforcement o	officer)		
Applicant Last Name		Applicant First Name		MI	Date of Birth	Social Security Num	ber*	Gender
								∐M ∐F
Current Employer			Donkor	Title			Data at	i Annaintment
Current Employer			Rank or	ritie			Date of	Appointment
			- 66 41- 41-	·		- 4 4 /-	-1-414	haata kustutu u
		en appointed as a sworn peace c e, a city, town, village, municipal						
of Criminal Justice Services	records be adjusted to	reflect that this officer has met the	he basic trair	ning requ	iirements for appoint	ment of police officers	as set for	th in section 2.30
		neets or exceeds Municipal Polic						
knowledge and belief.	rt of a written statement	t that will be presented to the Di	VISION OF CRIP	ninai Jus	stice Services for filling	g, and I certify that it is	true to tr	e best of my
	0111					I n .		
Signature of Chief Executive	Officer					Date		
*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					ntifying information			
on this form shall not be revealed	, released, transferred, diss	seminated or otherwise communicate	ed orally, in writ	ing, or by	electronic means other			
information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.								
SECTION II-PR	EVIOUS POLICE	OFFICER EXPERIENCE	E					
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Name of Previous Law Enforcement Employer						Telephone		
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Address			City	, State, Z	ZIP			
Rank or Position	Type o	f Appointment	Date	e of appo	nintment	Date of separ	ation	
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S E C T I O N I I I – POLICE BASIC TRAINING								
Identify prior police basic trai	ning A copy of the cer	tificate of completion for police b	— hasic training	- nissued	— hv the New York Sta	te Police the New Yor	– k City Pol	ice Denartment
or the Municipal Police Train			Daoio training) 10000C	by the Non-Tolk Sta	te i 01100, tilo 11011	K Oity i C.	oe Dopartmont
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Name of Law Enforcement A	gency or Academy					Telephone		
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Course Director Name			Cou	ırse start	date	Course end d	ate	
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Employer Code:	Rank Code:	Course Code:						
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UID:	PREV. UID:	CLASS:	CODE:	
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NEW YORK STATE OF OPPORTUNITY. Licensing Services

→ **IF** "YES," you must submit an explanation.

4. Have you ever been discharged from a correctional or law enforcement agency for

5. Have you ever applied in this state for a registration/license as a security guard?
 → IF "YES," please provide the license number.
 → IF "YES," you do not need to re-take the 8-hour pre-assignment training course.

→ **IF** "YES," you must submit an explanation or request a waiver.

incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administrative law judge, arbiter, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence?

New York State

Department of State

Division of Licensing Services

P.O. Box 22052

P.O. Box 22052 Albany, NY 12201-2052 Customer Service: (518) 474-7569 www.dos.ny.gov

Employee Statement an	a Seci	irity Guard Applicat	ION	LEE \$30
		APPLICANT INFORMATION	ON	
Please TYPE or PRINT all responses in APPLICATION AS (Check only ONE		Security Guard	Armed Sec	urity Guard
Applicant's Name:				
LAST NAME				
FIRST NAME		MIDDLE NAME		
HOME ADDRESS (Required – P.O. Box may be added to e	ensure delivery)	APT/UNIT/PO BOX		
CITY		STATE	ZIP+4	
COUNTY (Enter only if in New York State)		APPLICANT'S PHON	E NUMBER	
ceerri (amerem) ii ii rem emate			110,110	
E-MAIL ADDRESS				
Social Security Number:	Bi	rth Date:	NYS DMV ID N	
(*Required – See Privacy Notification)	(Mu	st be at least 18 years old to apply)	(*Required – See Applicar	nt Affirmation)
Anamer the fellowing greations h		BACKGROUND QUESTION	NS	
Answer the following questions by	•	•	Г	- -
 Are you an active or retired period of the attached Services. 			L	ACTIVE RETIRED
		ust submit the documentation de	scribed in the Advisory.	
If you DO NOT qualify, you	must subm	nit training certificates.	_	
2. Are you an active or retired p			L	ACTIVE RETIRED
→ Please read the attached Se → IF you qualify for an exempt		rd Training Advisory. ust submit the documentation des	scribed in the Advisory	
If you DO NOT qualify, you			on the riaridary.	
3. Has any license or permit issu				- I
		en revoked, euenended or deni		I VES I INO

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Employee Statement and Security Guard Application

CHILD SUPPORT STATEMENT

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support OR if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by a plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

CRIMINAL HISTORY

The Department of State will be receiving and reviewing information on any prior criminal arrests or convictions. If you have pending criminal charges or a prior conviction, please provide a statement explaining same and copies of any records received from the criminal court.

A completed application must include: (Use this checklist to make sure you have included/completed all requirements.) The completed, signed application; Receipt that provides proof of electronic fingerprinting by an approved vendor; \$36.00 non-refundable application fee payable to the NYS Department of State; A copy of the 8-hour pre-assignment training certificate; Any additional documentation requested in response to specific questions on the application form; Notice of Employment section must be completed by your employer if employment will commence with filing of yo application; If applying for an armed security guard registration, a course completion certificate for 47 hours of firearms training of the waiver issued by the Division of Criminal Justice Services (if waived – please see Security Guard Training A)
 ☐ Receipt that provides proof of electronic fingerprinting by an approved vendor; ☐ \$36.00 non-refundable application fee payable to the NYS Department of State; ☐ A copy of the 8-hour pre-assignment training certificate; ☐ Any additional documentation requested in response to specific questions on the application form; ☐ Notice of Employment section must be completed by your employer if employment will commence with filing of yo application; ☐ If applying for an armed security guard registration, a course completion certificate for 47 hours of firearms training 	
	g, or a copy
Note: Security guard employers should maintain one copy of each item listed above in personnel files for each or guards.	^f their
APPLICANT AFFIRMATION I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that and understand the provisions of Article 7A of the General Business Law and the rules and regulations promulgated thereus In addition, I hereby authorize the NYS Department of State and NYS Department of Motor Vehicles to produce an ID card DMV photo. I understand that DOS and DMV will use my DMV photo to produce all subsequent ID cards for as long as I millionse with the Department of State.	inder. bearing my
X	
Applicant's Signature Date Signed	
Print Name:	
NOTICE OF EMPLOYMENT	
If employment will commence with the filing of your application, this section MUST be completed by your employer.	
If employment will commence with the filing of your application, this section MUST be completed by your employer.	
If employment will commence with the filing of your application, this section MUST be completed by your employer. DATE OF HIRE: TRANSACTION NUMBER: TRANSACTION DATE:	
If employment will commence with the filing of your application, this section MUST be completed by your employer. DATE OF HIRE: TRANSACTION NUMBER: TRANSACTION DATE:	
If employment will commence with the filing of your application, this section MUST be completed by your employer. DATE OF HIRE: TRANSACTION NUMBER: TRANSACTION DATE: GUARD'S NAME: GUARD'S SOCIAL SECURITY NUMBER:	nents are true

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FINGERPRINTING LOCATIONS

All security guards must be fingerprinted for the Department of State via an IdentoGO vendor. The fee for fingerprinting is **approximately \$100.00**, paid by check, money order, or credit card. **Walk-ins are not accepted, you must make an appointment**.

Appointments can be made on-line at <u>uenroll.identogo.com</u>
Use service code **1545R1** for Security Guards, Unarmed or Armed

YOU MUST PROVIDE 1 FORM OF APPROVED PHOTO ID AT YOUR APPOINTMENT

(eg. Driver's license, Learner's Permit, State ID card, US Passport, US Military ID)

***KEEP THE RECEIPTS THAT ARE PROVIDED AT YOUR FINGERPRINTING APPOINTMENT!

A COPY MUST BE INCLUDED WITH YOUR GUARD APPLICATION***

Fingerprinting for the NYS Department of State must be done through an IdentoGo approved vendor. See the locations and hours below:

LONG ISLAND

SUFFOLK COUNTY

	Shipping Center-PrintScan	Monday & Friday 9AM-5PM
Kings Park	21 Pulaski Road Kings Park	Tuesday & Thursday 9AM-6PM
	Kings Park, NY 11754	Saturday 10AM-4PM
	IGHL	Monday, Tuesday,
East Moriches	60 Montauk Highway	Wednesday, & Friday:
	East Moriches, NY 11940	9AM-12PM, 1PM-4PM
	Comfort Keepers	Monday 2PM-4PM Tues, Wed,
Riverhead	31 Main Road, Suite 9	Thurs: 10AM-1PM, 2PM-5PM
	Riverhead, NY 11901	Friday 10AM-1PM, 2PM-4PM
	East End Consulting	
Sag Harbor	3330 Noyac Road Building D	Monday 11:30AM-3:30PM
	Sag Harbor, NY 11963-1931	

NASSAU COUNTY

	PrintScan Quality Plaza	Monday, Tuesday, Thursday, &
Hicksville	958 South Broadway	Friday 9AM-5PM Wednesday
	Hicksville, NY 11801	9AM-6PM Saturday 10AM-4PM
		Monday-Friday 9AM-1PM,
Hempstead	236 Fulton Avenue Suite 200	1:30PM-5:30PM
	Hempstead, NY 11550	Every Other Saturday 9AM-2PM



		Monday-Thursday 9AM-7PM
Woodside	3905 63 rd Street	Friday 9AM-9PM
	Woodside, NY 11377	Saturday 10AM-7PM

BROOKLYN

	Metropolitan Special Services	Monday, Wednesday, & Friday
Flatbush	1772 Flatbush Avenue	8:30AM-6PM Tuesday &
	Brooklyn, NY 11210	Thursday 8:30AM-8PM
		Every Other Saturday 10AM-6PM
Fulton Street	2174 Fulton Street	Monday-Thursday 9AM-6PM
	Brooklyn, NY 11233	Friday 9AM-7PM
	Barclays Center	
Barclays Center	620 Atlantic Avenue	Monday-Friday 9AM-1PM,
	Brooklyn, NY 11217-2004	1:30PM-5:30PM

NEW YORK

MANHATTAN

		Monday 9AM-6PM
	Global Document Expeditors	Tuesday & Friday 9AM-5PM
Park Place	22 Park Place, 4 th Floor	Wednesday 9AM-7PM
	New York, NY 10007	Thursday 9AM-5:30PM
		3 rd Saturdays 9AM-1PM
	247 West 35 th Street	
Midtown- 35 th Street	Room 201	Monday-Friday 9AM-5:30PM
	New York, NY 10001-1927	Saturday 10AM-4PM
	Securitas	
Times Square-Broadway	1412 Broadway 17 th Floor	Monday-Friday: 9AM-1PM,
	New York, NY 10018	2PM-4PM

BRONX

		Monday, Tuesday, Thursday
	Rio Consulting	9AM-5PM
South Bronx	349 East 149 th Street Suite 605	Wednesday 9AM-6PM
	Bronx, NY 10451	Friday 9AM-1PM, 2PM-5PM
		Every Other Saturday 10AM-2PM
	2114 Wiliamsbridge Road	
Morris Park	Suite 114 Lower Level	Monday-Friday 9:30AM-6PM
	Bronx, NY 10461	Saturday 10AM-3PM