



New York State
DEPARTMENT OF STATE
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001

Customer Service: (518) 474-4429
www.dos.ny.gov

Business of Installing, Servicing or Maintaining Security or Fire Alarm Systems

Read ALL instructions carefully before completing the application. Incomplete forms will be returned. Any omission, inaccuracy or failure to make full disclosure may be deemed sufficient reason to deny a license/registration or may result in the suspension or revocation of an issued license/registration.

What is a Security or Fire Alarm Installer?

New York State law (Article 6D of the General Business Law) and Department of State rules (19 NYCRR) defines a security or fire alarm installer as one who installs, services or maintains security or fire alarm systems to detect intrusion, break-in, movement, sound or fire.

Who is excluded from this law?

A license is not required to install systems on motor vehicles, boats or airplanes. A license is not required to install a battery operated smoke detection device. However, a person who is in the business of installing a hard wired smoke detector must be licensed.

Home or business owners installing a system on their own property are not “in the business of” installing, and thus are not required to be licensed.

It is important to note that such systems include only those dedicated to detection. In the context of alarm systems, detection means to warn or to notify. Therefore, the installation of “passive” (i.e., non-detecting) security devices does not require licensure.

What are the qualifications for licensure?

All applicants must be at least 18 years of age at the time of application.

You can qualify for licensure under one of the following methods:

- A. Examination and Education
- B. Experience and Education
- C. Master Electrician Waiver

A) Examination and Education: If you are new to the industry, you must pass a written exam and complete the required education. For specific education requirements, see the last page of these instructions. This examination is administered on a walk-in basis and is taken **PRIOR** to the submission of an application.

What if I fail the examination?

If you fail the examination, you will be mailed a notification which you may use for readmission to another examination.

Once you pass the examination, you will be sent a PASSED notification along with an application packet. In order to complete the license process, you must submit:

- ☐ The completed, signed application;

- ☐ Applicable application fee payable to the NYS Department of State;
- ☐ Your PASSED notification;
- ☐ Receipt that provides proof of electronic fingerprinting by an approved vendor **OR**;
- ☐ Rolled (green) fingerprint card and *NYS Request for Card Scan Services - Information Form* for Alarm Installers, along with the applicable fingerprint fee payable to MorphoTrust USA;
- ☐ Evidence of completion of education requirements (Please refer to and complete attachment A);
- ☐ Any additional documentation requested in response to specific questions on the application form.

B) Experience and Education: If you have at least two years of experience in installing, servicing or maintaining security or fire alarm systems, (totaling 3,500 working hours [equivalent to 35 hours per week for 100 weeks] that was obtained in New York State between October 1, 1989 and September 30, 1992), you may qualify for licensure without an exam. If you apply based on this method, you must submit:

- ☐ The completed, signed application;
- ☐ Applicable application fee payable to the NYS Department of State.
- ☐ Proof of experience as described above (Please refer to and complete attachment B);
- ☐ Evidence of completion of education requirements (Please refer to and complete attachment A);
- ☐ Receipt that provides proof of electronic fingerprinting by an approved vendor **OR**;
- ☐ Rolled (green) fingerprint card and *NYS Request for Card Scan Services - Information Form* for Alarm Installers, along with the applicable fingerprint fee payable to MorphoTrust USA;

C) Master Electrician Waiver: Individuals licensed as master electricians who wish to engage in the installation, servicing, or maintaining of security or fire alarm systems are not exempted from filing with the Department of State. However, two forms of waiver from some of the specific licensing requirements (by virtue of your status as a licensed master electrician) are available.

Statewide License:

Master Electricians who wish to practice outside their licensing jurisdiction(s), must be licensed by the Department of State. By

virtue of your license as master electrician, *you are waived from the education, experience and examination requirements*. If you file based on this method, you must submit:

- ☐ The completed, signed application;
- ☐ Applicable application fee payable to the NYS Department of State;
- ☐ Receipt that provides proof of electronic fingerprinting by an approved vendor **OR**;
- ☐ Rolled (green) fingerprint card and *NYS Request for Card Scan Services - Information Form* for Alarm Installers, along with the applicable fingerprint fee payable to MorphoTrust USA;
- ☐ List of jurisdictions in which you are licensed as a Master Electrician (Please refer to and complete attachment C);
- ☐ A copy of your current Master Electrician license(s).

Registration within Local Jurisdictions Only:

Licensed Master Electricians who wish to only practice in their local jurisdiction(s) must be registered with the Department of State. By virtue of your license as a master electrician, *all licensing requirements, including the submission of fingerprints are waived*. **Note: Those alarm installers designated "local" may only engage in the alarm installer business in municipalities where they are licensed as master electricians.** If you file based on this method, you must submit:

- ☐ The completed, signed application;
- ☐ Applicable application fee payable to the NYS Department of State;
- ☐ List of jurisdictions in which you are licensed as a master electrician (Please refer to and complete attachment C);
- ☐ A copy of your current Master Electrician license(s).

What are the education requirements?

License candidates are required by law to submit evidence of education which demonstrates sufficient training in installing, servicing, or maintaining of security or fire alarm systems. This requirement may be satisfied by any of the following methods:

Successful completion of a minimum of 81 hours of course study which is approved or recognized by the Department of State as established by the department's qualifying course regulations.

Successful completion of industry sponsored training courses or programs which are approved or recognized by the Department of State as meeting educational standards in the field of security or fire alarm systems.

Completion of various courses and industry sponsored training programs which have not been approved or recognized by the Department of State prior to January 1, 1993.

In order to receive full credit for these courses and training programs, the subject matter must cover all facets of the field of

security or fire alarms which include but are not limited to the following:

Basic Electricity: All Standards and Codes: National, NY State Fire Prevention and Building Code, UL, NFPA, FM: Control Devices; Alarm Communications; Motion Detection; Perimeter Systems; Job planning; Fire Detection Systems; Life Safety and Troubleshooting, Service and Maintenance of Alarm Systems.

The Licensing Services Bureau of Educational Standards will evaluate this information, and when applicable, issue credit in 15 or 21 hour blocks (modules) toward meeting the 81 hour requirement.

What if I have a secondary business location (a/k/a branch office)?

In accordance with §195.5 of the Department's rules and regulations (19 NYCRR), a photocopy of the business license issued to your principal location must be conspicuously displayed at each secondary location of the business. You must file with the Department of State, by registered or certified mail, the location of all secondary locations, within five business days of their opening. If you are intending to open secondary locations at this time, you must complete Attachment D and submit it with this application.

Do I need to maintain a list of secondary business locations?

Yes. In accordance with §195.5 of the Department's rules and regulations (19 NYCRR), a current list of all secondary locations is to be maintained at the principal business location.

What are the application fees and terms of licensure?

The nonrefundable application fees are as follows:

Examination and Education:

- \$185 - Application fee
- \$15 - Written exam fee
- \$100 - Renewal fee, every two years

Experience and Education:

- \$200 - Application fee
- \$100 - Renewal fee, every two years

Master Electrician - Statewide:

- \$200 - Application fee
- \$100 - Renewal fee, every two years

Master Electrician - Local Only:

- \$50 - Application fee
- \$50 - Renewal fee, every two years

I am intending to employ staff to assist in the installation, servicing, or maintaining of security or fire alarm systems. What do I need to do?

You must submit:

- ☐ The completed, signed, Employee's Statement;
- ☐ Receipt that provides proof of electronic fingerprinting by an approved vendor **OR**;
- ☐ Rolled (green) fingerprint card and *NYS Request for Card Scan Services - Information Form* for Alarm Installers, along with the applicable fingerprint fee payable to MorphoTrust USA;

What forms of payment do you accept?

You may pay by money order, company check or cashier's check made payable to the NYS Department of State. Personal checks or credit cards will not be accepted. Do not mail cash.

FINGERPRINT REQUIREMENTS:

Applicants have access to electronic fingerprinting through IdentoGo by MorphoTrust USA.

Electronic Fingerprinting Procedure:

Applicants may schedule appointments with IdentoGo by MorphoTrust USA. To schedule an appointment at a location near you, visit their website at www.identogo.com or call 877-472-6915.

What to bring to Appointment: Complete the Request for NYS Fingerprinting Services - Information Form (pdf) and BRING it with you to the fingerprinting site.

Proof of electronic fingerprint completion: Upon completion of the fingerprint process, the vendor will provide you with two receipts as proof of fingerprint completion. Include one receipt with the completed application. The second copy of the receipt should be retained by your employer.

PLEASE NOTE: Fingerprint receipts are valid for 5 months from the date of fingerprinting. Please submit original application within 5 months from the date of fingerprinting. Failure to submit your application within this time period will require you to complete the fingerprint process again.

Rolled Fingerprint Card Procedure:

If an electronic fingerprint location does not exist near your residence or place of business and it is not possible to travel to an available site, you may submit a rolled (green) fingerprint card with your application along with the NYS Request for Card Scan Services - Information form.

Fingerprint fees:

Payment for fingerprint fees (including electronic and rolled fingerprint card methods) must be made in the form of a check, money order or credit card payment payable to MorphoTrust USA.

Division of Criminal Justice Services (DCJS) fee: \$75.00 plus applicable fingerprint vendor fee (subject to change in January and

July of each year) See "e-Fingerprinting" link on top right at www.dos.ny.gov/licensing.

Note: fingerprint fees are in addition to the application fee.

Child Support Statement:

A Child Support Statement is mandatory in New York State (General Obligation Law). The law requires you to complete this section - regardless of whether or not you have children or any support obligation. **Any person who is four months or more in arrears in child support may be subject to having his or her business, professional or driver's licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

Privacy Notification:

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

CASH NUMBER

[illegible]

LICENSE/REGISTRATION TERM

$$\begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

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TYPE OR PRINT CLEARLY. Illegible applications will be returned for clarification, causing delays in licensure.

**➡ APPLICATION AS
(CHECK ONE)**

❑ Examination and Education
- \$185 Application Fee

☐ **Experience (obtained in New York State
between October 1, 1989 and September 30, 1992)
and Education**
- \$200 Application Fee

☐ **Master Electrician Statewide**
- \$200 Application Fee

☐ **Master Electrician Local Only**
- \$50 Application Fee (no fingerprint requirement)

Check (✓) line that applies to you:

I am applying for license as:

Individual

____ Limited Liability Company

Partnership

____ Limited Liability Partnership

Trade Name

____ Limited Partnership

____ Corporation

PLEASE PRINT OR TYPE

LAST NAME	FIRST NAME	MIDDLE INITIAL	SUFFIX
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APPLICANT'S HOME ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP+4 COUNTY

NAME UNDER WHICH YOU WILL BE DOING BUSINESS

BUSINESS ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP+4 COUNTY

NY

DAYTIME TELEPHONE NUMBER	FEDERAL ID NUMBER (SEE PRIVACY NOTIFICATION)	FAX NUMBER - IF ANY
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E-MAIL ADDRESS - IF ANY

PLEASE: Enter any Unique Identification Number(s) previously assigned to the business by the Division of Licensing Services.

Business of Installing, Servicing or Maintaining Security or Fire Alarm Systems

Principal's Original Application

Business Affiliation (All Applicants)

DATE YOU BECAME AFFILIATED WITH THE BUSINESS

UID# of Business

BUSINESS NAME

Personal Information (All Applicants)

YOUR TITLE

SOCIAL SECURITY NUMBER

BIRTH DATE

Gender : ☐ FEMALE ☐ MALE

Race: ☐ WHITE ☐ BLACK ☐ AMERICAN INDIAN OR ALASKAN NATIVE

☐ ASIAN OR PACIFIC ISLANDER ☐ OTHER ☐ UNKNOWN

Please enter any Unique Identification Number(s) assigned to you by the Division of Licensing Services

Background Questions —

YES or NO

1. Have you ever been convicted in this state or elsewhere of any crime or offense that is a misdemeanor or a felony?
→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 provide a copy with this application.
2. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?
→IF "YES," you must provide a copy of the accusatory instrument – e.g., indictment, criminal information or complaint.
3. 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, or otherwise disciplined, by any state, territory or governmental jurisdiction or foreign country for any reason?
→IF "YES," you must submit all relevant documents, including the agency determination, if any.
4. Have you ever applied for or been issued a Security or Fire Alarm System Installer's license or occupational license of any type?
→IF "YES," you must provide details.

For questions 5-10 please answer only the statement that applies to you.

5. I am applying as the qualifying manager or member.
6. I own this business and the Trade Name Certificate has been filed in the office of the county clerk where the business is located. (By signing this application, you are certifying compliance with this requirement.)
7. I am a member of this partnership and the Certificate of Partnership has been filed in the Office of the County Clerk where the business is located. (By signing this application, you are certifying compliance with this requirement.)
8. a. I am an officer of this corporation and the NYS Certificate of Incorporation has been filed with the NYS Department of State, Division of Corporations. (By signing this application, you are certifying compliance with this requirement.)
b. I am an officer of this foreign (out of state) corporation and an Application for Authority to do business has been filed with the NYS Department of State, Division of Corporations. (By signing this application, you are certifying compliance with this requirement.)

Business of Installing, Servicing or Maintaining Security or Fire Alarm Systems

YES or NO

9. A (member) (manager) of this Limited Liability Company, and a copy of the Articles of Organization has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)**

10. I am a partner of a Limited Partnership and have filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)**

Child Support Statement— *If you are applying as an Individual or Sole Proprietor, you MUST complete this section.*

If you do NOT complete it, your application will NOT be processed.

If you are applying as a Corporation, Partnership or Limited Liability Company, skip to the application affirmation below.

“X” A or B, below

I, the undersigned, do hereby certify that (You must “X” A or B, below):

A. ☐ **I am not under obligation to pay child support.** (SKIP “B” and go directly to **Applicant Affirmation.**)

B. ☐ **I am under obligation to pay child support** (You must “X” any of the four statements below that are true and apply to you):

☐ I do not owe four or more months of child support payments.

☐ I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.

☐ My child support obligation is the subject of a pending court proceeding.

☐ I receive public assistance or supplemental social security income.

Applicant Affirmation — I affirm that I have read and understand the provisions of Article 6D of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). I further affirm that Workers’ Compensation Insurance/Disability Benefits, for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

X

Applicant’s Signature

Date

Print Name

Please remember to include with your application any required documentation along with the applicable fees.

It is important that you notify this division of any changes to your address so you will receive renewal notices and any other notifications pertinent to your license/registration.



*Business of Installing, Servicing or Maintaining Security or
Fire Alarm Systems*

APPLICANT NAME:

Instructions for Completing Attachment A

Enter the requested information for all courses and training programs you have completed. You must also attach original documentation which verifies your claimed education. This documentation must be presented in one or more of the following forms:

1. Transcripts 2. Certificates of course completion 3. Letterhead stationery

Regardless of which form is used, your credentials must indicate title, subject matter and length of course (hours).

**** Note: No photocopies or facsimiles will be accepted. ****

Course or Training Program Title	Course Number	Educational Provider	No. of Hours	Month/Year Completed

B

*Business of Installing, Servicing or Maintaining Security or
Fire Alarm Systems*

APPLICANT NAME:

**Instructions for Completing Attachment B
Principal's Original Application**

Experience and Occupation (Qualifying Applicants Only)

PRINT or TYPE below in blue or black INK a complete record of your occupation(s) during the time period during which your qualifying experience is claimed, including the name, address and telephone number of each employer and dates of employment. You may copy this page and attach as many sheets as needed. You may be asked to provide proof of your experience. **NOTE: Failure to provide adequate proof of experience upon request may be grounds for denial of this application.**

NAME OF COMPANY

COMPANY ADDRESS

EMPLOYMENT STATUS FULL-TIME [] PART-TIME []

HOURS PER WEEK

DATE OF EMPLOYMENT FROM/TO

SUPERVISOR

BUSINESS TELEPHONE

POSITION/TITLE (Attach a Separate Sheet Explaining Your Duties)

NATURE OF BUSINESS

NAME OF COMPANY

COMPANY ADDRESS

EMPLOYMENT STATUS FULL-TIME [] PART-TIME []

HOURS PER WEEK

DATE OF EMPLOYMENT FROM/TO

SUPERVISOR

BUSINESS TELEPHONE

POSITION/TITLE (Attach a Separate Sheet Explaining Your Duties)

NATURE OF BUSINESS

NAME OF COMPANY

COMPANY ADDRESS

EMPLOYMENT STATUS FULL-TIME [] PART-TIME []

HOURS PER WEEK

DATE OF EMPLOYMENT FROM/TO

SUPERVISOR

BUSINESS TELEPHONE

POSITION/TITLE (Attach a Separate Sheet Explaining Your Duties)

NATURE OF BUSINESS

All information contained in this application is subject to an audit by the Division of Licensing Services. I hereby affirm that I have at least two years of experience in installing, servicing or maintaining security or fire alarm systems (totaling 3,500 working hours [equivalent to 35 hours per week for 100 weeks] that was obtained in New York State between October 1, 1989 and September 30, 1992) and that the information given in this application is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of a license/registration, if issued.

Applicant's Signature _____ *Date:* _____



*Business of Installing, Servicing or Maintaining Security or
Fire Alarm Systems*

APPLICANT NAME: _____

Master Electrician: List of Jurisdictions

I am a Master Electrician and have listed below the jurisdictions and license numbers
in which I am licensed as a Master Electrician and have included a copy of my current
Master Electrician license(s).

YES

NO

☐

☐

Name and address(es) of jurisdiction(s) where you are licensed	License No.	Exp. Date



Business of Installing, Servicing or Maintaining Security or Fire Alarm Systems

PAGE ____ OF ____

APPLICANT NAME (ENTER THE BUSINESS NAME, EXACTLY AS SHOWN ON APPLICATION PAGE 1)

Using the following format, type or print below the complete address for each branch office in New York State. You may photocopy this sheet as many times as needed to list every office. The header information and business name of applicant **MUST** be carried at the top of every page.

STREET, APT. # (or RR#) [Include any apartment or U.S. Postal Service designation]
 ANYTOWN, NY ZIP+4
 COUNTY NAME

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.