

**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 can not 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 signed and dated. **ORIGINAL SIGNATURES ONLY.**

**SECTION III - CLASS LIST**

Enter the names of the students who **successfully completed the training only**. All information must be typed in the areas provided. Please include the area code with the telephone number.

<p><b>SECTION I - SCHOOL INFORMATION</b> (To be completed by School)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>SCHOOL IDENTIFIER</b></td> <td style="width: 40%; border: none;"><b>YEAR TRAINED</b></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; width: 50px;"></td> </tr> </table>	<b>SCHOOL IDENTIFIER</b>	<b>YEAR TRAINED</b>			<p>Security Guard Program Use Only</p> <p><b>SESSION NUMBER</b></p> <table style="margin: auto; border: 1px solid black;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
<b>SCHOOL IDENTIFIER</b>	<b>YEAR TRAINED</b>										
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: 1px solid black; padding: 2px;">School Name &amp; Training Site Address</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">School Director</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: none;"></td> </tr> </table>	School Name & Training Site Address						School Director				<p><b>Course Dates</b> (mm/dd/yyyy)</p> <p>From _____ To _____</p> <p><b>Course Number and Title (Check one only)</b></p> <p><input type="radio"/> (700) 8 Hour Pre-Assignment Training Course for Security Guards</p> <p><input type="radio"/> (701) 16 Hour On the Job Training Course for Security Guards</p> <p><input type="radio"/> (703) 8 Hour Annual In-service Training Course for Security Guards</p> <p style="text-align: center;"><b>FIREARMS COURSES</b></p> <p><input type="radio"/> (702) 47 Hour Firearms Training Course for Security Guards</p> <p><input type="radio"/> (704) 8 Hour Annual In-service Training Course for Armed Security Guards</p> <p style="text-align: center;"><b>OTHER</b></p> <p><input type="radio"/> (705) 40 Hour Security Guard Instructor Development Course</p>
School Name & Training Site Address											
School Director											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;">Instructor Name(s)</td> <td style="width: 50%; border: 1px solid black; padding: 2px;">Social Security Number</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black;"></td> </tr> </table>	Instructor Name(s)	Social Security Number									
Instructor Name(s)	Social Security Number										

**MAIL COMPLETED FORMS TO:** NYS Division of Criminal Justice Services  
 Security Guard Program  
 4 Tower Place, 4th Floor  
 Albany, NY 12203-3764

**QUESTIONS:** Contact Security Guard Program Staff at (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 Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION III - CLASS LIST**

Social Security #	Name: Last, First, MI	Date of Birth	Sex	Home Phone#
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				