

**Notice of Employment Status (Armored Car Guard)**

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**IMPORTANT INSTRUCTIONS - Please Read Carefully**

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All armored car carriers must use this form to report the employment, retirement, resignation or termination of armored car guards and forward it to the NYS Department of State, Division of Licensing Services, at the above address. Completely fill out, sign, and date the Employer Information section. Completely fill out the Guard Information section (on the reverse) for up to 13 guards. **If the Guard UID# is not provided, the form will be returned.**

Please note that an armored car guard may not be employed as such unless either a conditional letter of authorization or a registration by the Department of State has been issued.

No fee is required for reporting any of the above, but this form must be mailed to the above address within 24 hours of employment or 30 days of termination.

**NOTE: DO NOT SUBMIT THIS FORM UNLESS THE ARMORED CAR GUARD YOU INTEND TO HIRE HAS BEEN ISSUED EITHER A CONDITIONAL LETTER OF AUTHORITY OR A REGISTRATION BY THE DEPARTMENT OF STATE.**

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**EMPLOYER INFORMATION**

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**PLEASE PRINT OR TYPE**

Employer UID#:

Employer Business Name: \_\_\_\_\_

\_\_\_\_\_  
*Employer Signature*

\_\_\_\_\_  
*Date Signed*

