



Document Destruction Contractor Application

Read ALL instructions carefully before completing the application. Incomplete forms will not be processed. Any omission, inaccuracy or failure to make full disclosure may be deemed sufficient reason to deny a registration or may result in the suspension or revocation of an issued registration.

What is a Document Destruction Contractor?

A Document Destruction Contractor is any person, firm or corporation that owns or operates a business, the principal purpose of which is to destroy records containing personal identifying information for a fee and for whom the total cash price of all of his, her or its document destruction contract exceeds five hundred dollars during any period of twelve consecutive months.

Who is the contact person?

The contact person is any individual who has ownership in the Document Destruction Contractor business. This person must be a principal or officer of the business. They must complete this application and sign and date the application affirmation.

How do I apply for a branch office?

If you are a registered Document Destruction Contractor who wishes to maintain a branch office in addition to your principal place of business, you must file a Document Destruction Contractor branch office application.

How do I add a principal or officer to an existing company?

Check the box on the application to add a new principal or officer to an existing company. Please provide the business name, business address and the additional principal or officer name and residence address in the spaces indicated with asterisks * on the application. In addition, proof of fingerprint completion must be submitted.

What is the application fee and term of registration?

The non-refundable application fee is \$50. Each registration is for a two year term.

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, including each principal and officer of the company, have access to electronic fingerprinting through Identogo by MorphoTrust USA.

Electronic Fingerprinting Procedure:

Applicants must 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. For scheduling purposes, you must utilize the required ORI number NY001DD5Y.

What to bring to Appointment: Complete the Request for NYS Fingerprinting Services - Information Form for Document Destruction Contractors 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 for your records.

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.

Fingerprint fees:

Payment for fingerprint fees 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 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.

ADDITIONAL REQUIREMENTS:

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.

NYS Department of State
DIVISION OF LICENSING SERVICES
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

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Read the instruction sheet for details before completing this application form. You must answer each question and TYPE or PRINT responses in ink.

Application as (Check One) Individual Trade Name Corporation
 Limited Partnership Limited Liability Company Limited Liability Partnership

To add a principal or officer or to change a contact person to an existing company, check the box below that applies.

- Check this box to add a new principal or officer to an existing company. Please provide the business name and address and the additional principal or officer name and residence address in the spaces indicated with asterisks * below. In addition, proof of fingerprint completion must be submitted.
- Check this box to change the contact person for this principal office and complete this application. No application fee is required. If This new contact person is also a new principal or officer, proof of fingerprint completion must also be submitted with this application.

* BUSINESS NAME

* BUSINESS ADDRESS - (NUMBER AND STREET REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

* CITY STATE ZIP COUNTY

FEDERAL TAXPAYER ID NUMBER (SEE PRIVACY NOTIFICATION)

BUSINESS PHONE NUMBER FAX NUMBER (IF ANY)

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BUSINESS EMAIL ADDRESS (IF ANY)

CONTACT PERSON NAME (MUST BE A PRINCIPAL OR OFFICER) DATE OF BIRTH SOCIAL SECURITY NUMBER

CONTACT PERSON RESIDENCE ADDRESS (NUMBER AND STREET REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP COUNTY

* ADDITIONAL PRINCIPAL OR OFFICER NAME DATE OF BIRTH SOCIAL SECURITY NUMBER

* RESIDENCE ADDRESS (NUMBER AND STREET REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

* CITY STATE ZIP COUNTY

* ADDITIONAL PRINCIPAL OR OFFICER NAME DATE OF BIRTH SOCIAL SECURITY NUMBER

* RESIDENCE ADDRESS (NUMBER AND STREET REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

* CITY STATE ZIP COUNTY

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* ADDITIONAL PRINCIPAL OR OFFICER NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

* RESIDENCE ADDRESS (NUMBER AND STREET REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

*CITY

STATE

ZIP

COUNTY

1. How long have you or your company been a Document Destruction Contractor? _____ years
2. What methods of document destruction does you or your company utilize?

3. Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or a felony? **YES** or **NO**
- 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 submit a copy with this application.
4. 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).
5. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied?
- IF "YES,"** you must provide all relevant documents, including the agency determination, if any.
6. Are you a debtor on any unpaid civil judgment relating to work as a Document Destruction Contractor?

For questions 7 -11 please answer only the statement which applies to you.

7. 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.)**
8. 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 or with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)**
- 9.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.)**

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10. I am 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.)** YES or NO _____
11. I am a partner of a Limited Partnership and the Certificate of Limited Partnership has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** _____
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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 applicant 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 39-G of the General Business Law. 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.

Applicant’s Signature X _____ Date _____

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 registration.