

FOR OFFICE
USE ONLY

UNIQUE ID NUMBER

EFF. DATE

CASH NUMBER

FEE



Division of Licensing Services

Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

Document Destruction Contractor Application

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?

- | | YES | or | NO |
|--|-------|----|-------|
| 3. Have you ever been convicted in this state or elsewhere of any criminal 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 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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YES or NO

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.)**

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.)**

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 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.

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 Worker’s 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.