

# Application to Become an Application Assistance Provider

## Address Confidentiality Program (ACP)



NYS Department of State  
Address Confidentiality Program  
P.O. Box 1110  
Albany, NY 12201-1110  
Phone: (518) 474-7306  
Toll Free: (855) 350-4595  
Fax: (518) 474-0709  
Email: ACP@dos.ny.gov  
Web: www.dos.ny.gov/acp

Please PRINT or TYPE responses in ink.

### SECTION 1

Name of Agency

Address of Agency

Street Address

City

State

Zip code

Agency County

Contact Person's Name

Phone Number

Fax Number

Email Address

### SECTION 2

I understand and agree to the following:

- Our role as an application assistance provider includes providing program information to potential ACP participants and providing assistance to those who need help with the application and enrollment process.
- I understand that all staff members who work at the application assistance provider and provide assistance to ACP participants must complete training provided by the Department of State.
- This agency will keep records on site and available for inspection demonstrating that all staff providing application assistance have completed the required training.
- This agency will not keep copies of the ACP application or other related records that contain the ACP participant's actual address.

Print Name of Assisting Agency Head

Title

Signature of Assisting Agency Head

Date

Please return the completed application to: NYS Department of State  
Address Confidentiality Program  
P.O. Box 1110, Albany, NY 12201-1110  
OR return to ACP via Fax at: (518) 474-0709