

**Private Investigator, Bail Enforcement Agent,
Watch, Guard or Patrol Agency
Support Staff/Employee's Statement**

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

IMPORTANT: No person shall be employed by any holder of a license as a Private Investigator (PI); Bail Enforcement Agent (BEA); or Watch, Guard or Patrol Agency (WGP) until such person to be employed shall have executed and furnished to such license certificate holder the following statement, pursuant to the provisions of Article 7 of the General Business Law.

To Apply:

- Every applicant must submit a receipt that provides proof of electronic fingerprinting completion by an approved vendor. This documentation must be mailed within 24 hours of the employment of the person making this statement. A copy of this statement and fingerprinting receipt must be retained by the employer.

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.

- Data regarding age and citizenship is required by statute.

- **EMPLOYEE'S NUMBER:** _____ All employee's statements must be numbered consecutively commencing with number 1. A number, once assigned, cannot be used for any other employee or for a former employee subsequently re-employed. The number entered here must be identical with the number entered on the fingerprint receipt.

EMPLOYEE'S INFORMATION

Check only ONE: Investigator Guard Supervisor Clerical/Administrative Other

EFFECTIVE DATE OF EMPLOYMENT (Month, Day, Year)

YOUR AGE

SOCIAL SECURITY NUMBER (See Instructions - Privacy Notification)

DATE OF BIRTH

EMPLOYEE'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX (E.G., Sr./Jr./III)

STREET ADDRESS (Required) - P.O.Box may be added to ensure delivery

APT/UNIT/PO BOX

CITY

STATE

ZIP+4

COUNTY (Enter ONLY if within New York State)

COUNTRY/NATION (Of Above Address)

DAYTIME TELEPHONE NUMBER ((Including Area Code)

FAX NUMBER (If Any, Including Area Code)

EMAIL ADDRESS (If Any)

Gender:

Race:

- Male Female White Black American Indian or Alaskan Native Asian or Pacific Islander Other Unknown

EMPLOYEE'S BACKGROUND QUESTIONS

Answer the following questions by checking either "YES" or "NO"

1. Are you a citizen of the United States? YES NO

2. If the answer to question #1 is NO, are you a legal permanent resident of the United States in possession of a current alien registration card? YES NO

3. Have you ever been convicted in this state or elsewhere of a crime or 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. YES NO

4. **A.** Has any Private Investigator, Bail Enforcement Agent, or Watch, Guard, or Patrol Agency license issued to you or to a partnership or corporation, of which you were a member or officer, ever been revoked in this state or elsewhere? YES NO
B. Has any application submitted by you for license as Private Investigator, Bail Enforcement Agent, or Watch, Guard or Patrol Agency ever been denied by this state or any other governmental or regulatory body or office in this state or elsewhere? YES NO

5. Has any license or permit issued to you or applied for by you ever been denied, suspended or revoked by this state or any other governmental or regulatory body or officer of this state or elsewhere? YES NO

6. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?
 → IF "YES," you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint). YES NO

7. Is there any complaint against you now pending before any department, bureau, board, prosecuting officer, criminal court or any other governmental or regulatory body or officer in this state or elsewhere? YES NO

8. If any answer to Questions 3 to 7 inclusive is YES, explain fully, setting forth details for each such answer: (Attach additional sheets if necessary)

9. Have you been dismissed from any employment for any reason other than lack of work?
 → IF "YES," please give dates, nature, place of such employment, name and address of employer(s) and reason(s) for such dismissal. (Attach additional sheets if necessary) YES NO

10. **Bail Enforcement Agency Employees ONLY:** Attach a copy of the certification for completion of the 25 hour course of instruction. If waived from training, state reason (i.e., three years or more as a police officer) and attach documentation. YES NO

EMPLOYEE'S RESIDENCE HISTORY

PRINT or TYPE below in blue or black INK a complete list of all your residence addresses for the three (3) years immediately preceding the date of this statement. You may copy this sheet and attach as many pages as needed.

DATES (MM/YY):		YOUR RESIDENCE ADDRESSES:		
FROM	TO	STREET ADDRESS	CITY	STATE ZIP+4
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYEE'S EMPLOYMENT HISTORY

PRINT or **TYPE** below in blue or black **INK** a complete list of all your businesses or occupations engaged in for the three (3) years immediately preceding the date of this statement. You may copy this sheet and attach as many pages as needed.

COMPANY ONE	COMPANY NAME _____	EMPLOYMENT: FROM _____	TO _____
	COMPANY ADDRESS _____	CITY _____	STATE _____ ZIP+4 _____
	BUSINESS PHONE (Include Area Code) _____	SUPERVISOR'S NAME _____	HOURS PER WEEK _____
			<input type="radio"/> Full-Time <input type="radio"/> Part-Time
	POSITION / TITLE _____	DUTIES _____	

COMPANY TWO	COMPANY NAME _____	EMPLOYMENT: FROM _____	TO _____
	COMPANY ADDRESS _____	CITY _____	STATE _____ ZIP+4 _____
	BUSINESS PHONE (Include Area Code) _____	SUPERVISOR'S NAME _____	HOURS PER WEEK _____
			<input type="radio"/> Full-Time <input type="radio"/> Part-Time
	POSITION / TITLE _____	DUTIES _____	

COMPANY THREE	COMPANY NAME _____	EMPLOYMENT: FROM _____	TO _____
	COMPANY ADDRESS _____	CITY _____	STATE _____ ZIP+4 _____
	BUSINESS PHONE (Include Area Code) _____	SUPERVISOR'S NAME _____	HOURS PER WEEK _____
			<input type="radio"/> Full-Time <input type="radio"/> Part-Time
	POSITION / TITLE _____	DUTIES _____	

EMPLOYEE'S AFFIRMATION

Employee: Please sign this Affirmation

I subscribe and affirm, under the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

X

Applicant's Signature

Date Signed

Print Name: _____

BUSINESS INFORMATION

Check only ONE: Private Investigator Bail Enforcement Agent Watch, Guard or Patrol Agency

UID# OF BUSINESS _____

BUSINESS NAME (As It Appears On Business License) _____

BUSINESS STREET ADDRESS (Required) - P.O.Box may be added to ensure delivery _____

APT/UNIT/PO BOX _____

CITY _____

STATE _____

ZIP+4 _____

NY _____

COUNTY _____

EMPLOYER'S AFFIRMATION

Employer: Please sign here

I have read this statement and have verified the information contained herein. The date indicated below is the effective date of employment of this employee.

X

Employer's Signature

Date Signed

Employer's Name:(Print) _____

Title _____