



Division of Licensing Services

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

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

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.

- Date 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/P.O. 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)

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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 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? YES 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. **A.** Has any Private Investigator, Bail Enforcement Agent, or Watch, Guard, or Patrol Agency license issued to you or 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? YES NO
→ **IF "YES"**, you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).
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. **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.

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

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

FROM _____ TO _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP+4 _____

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 FULL-TIME 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 FULL-TIME 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 FULL-TIME 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: _____

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

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/P.O. BOX

CITY

NY
STATE

ZIP+4

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 Print Name: _____

Title: _____