



## Armored Car Carrier 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 license or may result in the suspension or revocation of an issued license.

**A COMPLETED APPLICATION MUST INCLUDE:** (Use this checklist to make sure you have included/completed all requirements.)

- The completed, signed application (a separate application for each principal or primary officer must be submitted);
- Receipt that provides proof of electronic fingerprinting by an approved vendor
- \$300 application fee payable to the NYS Department of State.
- Proof of required levels of insurance coverage;
- Branch Office Address List

### APPLICATION REQUIREMENTS:

Armored car carrier licenses are *business* licenses. Therefore, applications must be made by the business entity. The application must be signed by the sole proprietor, if you are applying as an individual; or by an officer, member, manager, or partner of the corporation, partnership, limited liability company, or limited partnership if the business is a corporation, partnership or limited liability company.

### DEFINITION OF ARMORED CAR CARRIER FIRM:

An armored car carrier is defined in the General Business Law as a business entity that, for hire, provides secured transportation of valuables by means of "specially designed and constructed bullet-resistant armored vehicles and armored car guards." Among other things, armored car carriers, as employers of armored car guards, are responsible for the conduct of their armored car guards.

All business entities that provide armored car services must be licensed by the Department of State. A business entity that carries valuables for hire by means of *nonarmored vehicles* (for example, a moving company), is *not* covered by this law.

### FEE AND TERM OF LICENSURE:

The nonrefundable application fee for an armored car carrier license is as follows:

- \$300 application fee. License is effective for three years;
- \$300 renewal fee, every three years.

### ACCEPTABLE FORMS OF PAYMENT:

You may pay by check or money order made payable to the Department of State or by MasterCard or Visa, using a Credit Card Authorization form [www.dos.ny.gov/forms/licensing/1450-f-a.pdf](http://www.dos.ny.gov/forms/licensing/1450-f-a.pdf). Do not send cash. Application fees are nonrefundable. A \$20 fee will be charged for any check returned by your bank.

### INSURANCE REQUIREMENTS:

Armored car carrier applicants must:

- provide proof of "all risk insurance coverage" in the minimum amount of \$10 million; additional amounts to cover the value of each valuable cargo consigned in transit or while safeguarded in the carriers vaults; and
- maintain comprehensive general liability insurance coverage for death, personal injury and property damage in the minimum amount of \$500,000 per occurrence and \$1 million in the aggregate.

### FINGERPRINT REQUIREMENTS:

Applicants have access to electronic fingerprinting through IdentoGo by IDEMIA.

### ELECTRONIC FINGERPRINTING PROCEDURE:

Applicants must schedule appointments with IdentoGo by IDEMIA. To schedule an appointment at a location near you, visit their website at [www.identiogo.com](http://www.identiogo.com) or call 877-472-6915. For scheduling purposes, you must utilize the required Service Code 1545HR. Failure to use the correct license type or Service Code may result in the need to be reprinted.

### WHAT TO BRING TO APPOINTMENT:

**Approved and acceptable form of identification** (for a list, please visit [www.dos.ny.gov/licensing/fingerprinting.html](http://www.dos.ny.gov/licensing/fingerprinting.html)), along with an acceptable form of payment.

**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 by your 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 fingerprinting process again.

### Fingerprint fees:

All fees for fingerprinting are payable to IDEMIA.

- Division of Criminal Justice Services (DCJS) fee: \$75.00
- 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](http://www.dos.ny.gov/licensing).

### Acceptable forms of payment:

Payment for fingerprint fees must be made in the form of check, money order or credit card payable to IDEMIA.

**Note:** fingerprint fees are in addition to application fees.

# Armored Car Carrier Application

## ADDITIONAL REQUIREMENTS:

### Child Support Statement:

A Child Support Statement is mandatory in New York State (General Obligations Law) 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 and 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:

#### **Do I need to provide my Social Security and federal ID numbers on the application?**

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

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 Commission 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 state 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 Direction of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

### **WOULD YOU LIKE TO REGISTER TO VOTE?**

Please visit the NY State Board of Elections at [www.elections.ny.gov/votingregister.html](http://www.elections.ny.gov/votingregister.html) or call **1-800-FOR-VOTE** to request a NYS Voter Registration form.

To register online, please visit [www.ny.gov/services/register-vote](http://www.ny.gov/services/register-vote).

**FOR OFFICE USE ONLY**

UNIQUE ID: \_\_\_\_\_ CLASS: \_\_\_\_\_ EMP. CLASS: \_\_\_\_\_ CASH NUMBER: \_\_\_\_\_ FEE: **\$300**



# 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

## Armored Car Carrier Application

**INSTRUCTIONS:** Forms must be completed in blue or black ink. Incomplete forms will not be processed. Please refer to Pages 5 and 6 for further instructions on completing this form.

### BUSINESS INFORMATION

Check only ONE:

- Individual    Partnership    Trade Name    Corporation    Limited Liability Company    Limited Partnership    Limited Liability Partnership

DATE OF INCORPORATION OR ORGANIZATION

FEDERAL TAXPAYER ID (SEE INSTRUCTIONS – PRIVACY NOTIFICATION)

CORPORATION NAME (IF APPLICABLE)

NAME UNDER WHICH YOU WILL DO BUSINESS

PRINCIPAL OFFICE ADDRESS – STREET ADDRESS (REQUIRED) – P.O. BOX MAY BE ADDED BELOW TO ENSURE DELIVERY

APT./UNIT/P.O. BOX

CITY

STATE

ZIP+4

COUNTY

DAYTIME PHONE (INCLUDING AREA CODE)

FAX NUMBER – IF ANY (INCLUDING ARE CODE)

EMAIL ADDRESS (IF ANY)

### BUSINESS AFFILIATION (ALL APPLICANTS)

Check only ONE:    Officer    Principal    Both

DATE YOU BECAME AFFILIATED WITH THE BUSINESS

CORPORATION NAME

NAME UNDER WHICH YOU WILL DO BUSINESS

UID# OF BUSINESS

YOUR TITLE

# Armored Car Carrier Application

## PERSONAL INFORMATION (ALL APPLICANTS)

SOCIAL SECURITY NUMBER (SEE INSTRUCTIONS – PRIVACY NOTIFICATION)

DATE OF BIRTH

APPLICANT'S LAST NAME

APPLICANT'S FIRST NAME

MIDDLE INITIAL

SUFFIX (E.G., SR./JR./III)

STREET ADDRESS (REQUIRED) – P.O. BOX MAY BE ADDED BELOW TO ENSURE DELIVERY

APT./UNIT/P.O. BOX

CITY

STATE

ZIP+4

COUNTY (ENTER ONLY IF WITHIN NYS)

COUNTRY/NATION (OF ABOVE ADDRESS)

DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)

FAX NUMBER – IF ANY (INCLUDING AREA CODE)

EMAIL ADDRESS (IF ANY)

## BACKGROUND QUESTIONS (ALL APPLICANTS)

Answer the following questions by checking either “YES” or “NO”

1. I have attached proof of “all risk insurance coverage” in the minimum amount of \$10 million (*copies are acceptable*).  YES  NO
2. I have attached a certificate of insurance, evidencing comprehensive general liability insurance coverage for death, personal injury and property damage in the minimum amount of \$500,000 per occurrence and \$1 million in the aggregate (*copies are acceptable*).  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. 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
5. Has any license, permit, commission, registration or application for a license, permit, commission or registration held by you or a company in which you are or were a principal or employee in New York State or elsewhere ever been revoked, suspended or denied by any state, territory or governmental jurisdiction or foreign country for any reason?  
→**IF “YES”**, you must submit all relevant documents, including the agency determination, if any.  YES  NO
6. Have you ever applied for an Armored Car Carrier license prior to this application?  YES  NO  
→**IF “YES”**, please provide the UID # or Reg. #. \_\_\_\_\_

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# Armored Car Carrier Application

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## CHILD SUPPORT STATEMENT (SOLE PROPRIETORS ONLY)

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**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.

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## APPLICANT AFFIRMATION (All Applicants)

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I affirm that I have read and understand the provisions of Article 8B of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). 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.

**X** \_\_\_\_\_

*Applicant's Signature*

\_\_\_\_\_ *Date*

*Print Name:* \_\_\_\_\_

It is important that you notify the NYS Department of State of any changes to your address so you will receive renewal notices and any other notifications pertinent to your license.

**Before mailing this application, please be sure to have included the appropriate documentation and the nonrefundable fee payable to the NYS Department of State.** (See the front of this application for the appropriate mailing address).

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# Armored Car Carrier Application

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## ADDRESSES OF BRANCH OFFICES

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→ Please enter the COMPLETE address for EACH branch office. Print this sheet as many times as needed to list every office. The Federal Taxpayer ID, Corporation Name, and Name Under Which You Will Do Business MUST be completed on each page.

\_\_\_\_\_  
FEDERAL TAXPAYER ID (SEE INSTRUCTIONS – PRIVACY NOTIFICATION)

\_\_\_\_\_  
CORPORATION NAME (IF APPLICABLE)

\_\_\_\_\_  
NAME UNDER WHICH YOU WILL DO BUSINESS

\_\_\_\_\_  
BRANCH OFFICE ADDRESS – STREET ADDRESS REQUIRED (P.O. BOX MAY BE ADDED BELOW TO ENSURE DELIVERY)

\_\_\_\_\_  
APT./UNIT/P.O. BOX

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP+4

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
DAYTIME PHONE (INCLUDING AREA CODE)

\_\_\_\_\_  
FAX NUMBER – IF ANY (INCLUDING AREA CODE)

\_\_\_\_\_  
EMAIL ADDRESS (IF ANY)

\_\_\_\_\_

\_\_\_\_\_  
FEDERAL TAXPAYER ID (SEE INSTRUCTIONS – PRIVACY NOTIFICATION)

\_\_\_\_\_  
CORPORATION NAME (IF APPLICABLE)

\_\_\_\_\_  
NAME UNDER WHICH YOU WILL DO BUSINESS

\_\_\_\_\_  
BRANCH OFFICE ADDRESS – STREET ADDRESS REQUIRED (P.O. BOX MAY BE ADDED BELOW TO ENSURE DELIVERY)

\_\_\_\_\_  
APT./UNIT/P.O. BOX

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STATE

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ZIP+4

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
DAYTIME PHONE (INCLUDING AREA CODE)

\_\_\_\_\_  
FAX NUMBER – IF ANY (INCLUDING AREA CODE)

\_\_\_\_\_  
EMAIL ADDRESS (IF ANY)

# Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at [www.donatelife.ny.gov/register](http://www.donatelife.ny.gov/register) or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – [Registry@donatelife.ny.gov](mailto:Registry@donatelife.ny.gov) or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (\*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



\*Last name \_\_\_\_\_

\*First name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

\*Address \_\_\_\_\_

\*Apt. Number \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*City \_\_\_\_\_

\*Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender  M  F  
MM DD YYYY

Email address \_\_\_\_\_

DMV or IDNYC Number \_\_\_\_\_

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment;
- and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

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\*Sign

\*Date