



## Armored Car Guard Application

*Read ALL instructions in this package carefully before completing the application. Incomplete forms will be returned. Any omission, inaccuracy or failure to make full disclosure may be deemed sufficient reason to deny a registration or may result in the suspension or revocation of an issued registration.*

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

- The completed, signed application;
- Signed DMV Informed Consent;
- Receipt that provides proof of electronic fingerprinting by an approved vendor
- \$50 application fee payable to the NYS Department of State. See “Application Requirements -acceptable forms of payment;”
- Course completion certificate for 47 hours of firearms training (unless waived);
- Any additional documentation requested in response to specific questions on the application form

### APPLICATION REQUIREMENTS:

#### Armored car guard duties:

An armored car guard, as defined in the General Business Law, is an individual employed by a licensed armored car carrier to: (1) provide secured transportation; (2) protect and safeguard valuable cargo from one place to another; **or** (3) provide cash services for automated teller machines, **all** by means of bullet resistant armored vehicles. Additionally, an armored car guard possesses or has access to a firearm.

Those armored car employees who may drive or accompany an armored car vehicle, but who do not carry or are not authorized to access a firearm, are not covered under the law and do not have to register.

#### Who must apply for an Armored Car Guard registration?

All persons who engage in armored car guard activities must complete appropriate training and be registered with the Department of State.

#### Required documents:

All applicants must submit an application and proof of completion of a 47-hour firearms training course in order to become registered as an armored car guard. Alternatively, the completion of the 47-hour firearms training course may be accomplished within 180 days after receipt of the guard application. Pending completion of firearms training, and freedom from relevant criminal convictions (verified by a report from DCJS after submission of fingerprints), the applicant will be issued a conditional letter of authority which will entitle him or her to work as an armored car guard.

Upon submission of proof of the 47-hour firearms training course, the individual will be issued a photo ID card signifying that they are authorized to perform armored car guard functions.

#### Firearms training requirements:

Armored car guards are required to complete training programs recognized by DCJS, including a 47-hour firearms course and an 8-hour firearms annual in-service course.

If you can demonstrate to the satisfaction of DCJS that you have already taken training which meets or exceeds the 47-hour firearms training, you may request a waiver from DCJS. Waivers may be requested from DCJS by contacting them directly at (518) 457-4135, or writing them at 80 South Swan Street, 3<sup>rd</sup> floor, Albany, NY 12210-8002. If approved, they will provide a waiver letter to be submitted with the application.

#### Active duty police officers must register and complete training:

Active duty police officers must register with the Department of State to perform services as an armored car guard. Active duty police officers are not required to complete any firearms training. However, you must submit a certification of status with your application for armored car guard. This certifies that you are an active duty police officer in good standing. Certifications of status must be on official letterhead and be signed by either the chief or personnel officer.

Individuals previously employed as police officers are considered civilians. A police officer who has retired within the last five years, may qualify for a waiver from the 47-hour firearms training. Waivers may be requested from DCJS by contacting them directly at (518) 457-4135, or writing them at 80 South Swan Street, 3<sup>rd</sup> floor, Albany, NY 12210-8002. If approved, they will provide a waiver letter to be submitted with the application.

Individuals who are no longer active duty police officers and do not qualify for a waiver, must complete the 47-hour firearms training course.

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#### Peace officers must register and complete training:

Active duty peace officers must register with the Department of State to perform services as an armored car guard. Active duty peace officers may be exempt from further firearms training if you have already taken training which meets or exceeds the 47-hour firearms training.

Active duty peace officers who have completed the basic course for peace officers with long firearms may submit their basic course certificates with their applications.

A certificate for the basic course is valid for four years from the date of separation. Retired peace officers who have had the long firearms training, may qualify for a waiver. Waivers may be requested from DCJS by contacting them directly at (518) 457-4135, or writing them at 80 South Swan Street, 3<sup>rd</sup> Fl., Albany, NY 12210-8002. If approved, they will provide a waiver letter to be submitted with the application.

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Individuals who are no longer active duty peace officers and do not have a valid basic course certificate, or do not qualify for a waiver, must complete the 47-hour firearms training course.

## Fee and term of registration:

The nonrefundable application fee for an armored car guard registration is \$50.00 payable to the NYS Department of State. The registration will be effective for two years. The renewal fee is \$50.00, every two years.

## Acceptable forms of payment:

You may pay by Money Order, Company Check or Cashiers Check made payable to the NYS Department of State. Personal checks or credit cards will not be accepted. Do not mail cash.

Note: Before mailing this application, please be sure you 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.)

## FINGERPRINT REQUIREMENTS:

Applicants have access to electronic fingerprinting through IdentoGo by IDEMIA.

### Electronic Fingerprinting Procedure:

Schedule Appointment: Applicants may schedule appointments with IdentoGo by IDEMIA. To schedule an appointment at a location near you, visit their website at [www.indentogo.com](http://www.indentogo.com) or call 877-472-6915. For scheduling purposes, you must utilize the required ORI number NY922020Z or Service Code 1545J5. *Failure to use the correct license type, Service Code or ORI number 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 (including electronic and rolled fingerprint card methods ) are payable to IdentoGo by 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 IdentoGo by IDEMIA.

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

## 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

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 Commissioner 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 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 Director 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).

CASH#: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**FEE: \$50**

UID: \_\_\_\_\_ PREV. UID: \_\_\_\_\_ CLASS: \_\_\_\_\_ CODE: \_\_\_\_\_



# Division of Licensing Services

New York State  
**Department of State**  
**Division of Licensing Services**  
Security Guard  
P.O. BOX 22052  
Albany, NY 12201-2052  
Customer Service: (518) 474-7569  
[www.dos.ny.gov](http://www.dos.ny.gov)

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**INSTRUCTIONS:** Forms must be completed in blue or black ink. Incomplete forms will not be processed. Please refer to pages 1 - 2 for further instructions on completing this form.

### APPLICANT INFORMATION

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(See Instructions-Privacy Notification)*

**Birth Date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
                            M M      D D      Y Y Y Y

**Applicant's Name:**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
NAME SUFFIX (For example: Sr. / Jr. / III)

**Alias or Maiden Name:**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
NAME SUFFIX (For example: Sr. / Jr. / III)

### RESIDENCE ADDRESS

STREET ADDRESS (Required) - P.O. Box may be added to ensure delivery \_\_\_\_\_ APT/UNIT/POBOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

COUNTY (Enter only if in New York State) \_\_\_\_\_ COUNTRY/NATION (of above address) \_\_\_\_\_

DAYTIME PHONE (INCLUDING AREA CODE) \_\_\_\_\_ FAX NUMBER - IF ANY (INCLUDING AREA CODE) \_\_\_\_\_

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

### DMV Consent Section - IMPORTANT INFORMATION Regarding Your Photo ID

The Department of State produces photo ID cards in cooperation with the NYS Department of Motor Vehicles (DMV). If you have a current NYS Driver License or Non-Driver ID card, please provide your 9-digit DMV ID Number in the space provided below. Then read the informed consent and sign this form. If you do not have a current NYS photo Driver License or Non-Driver ID card, please have your photo taken at any nearby DMV office BEFORE you complete this application. For more details, refer to our enclosed notice, "Request for Photo ID."

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**INFORMED CONSENT:** I authorize the NYS Department of State and the NYS Department of Motor Vehicles (DMV) to produce an ID card bearing my DMV photo. I understand that DMV will send this card to the address I maintain with the Department of State. I also understand that the Department of State and DMV will use my DMV photo to produce all my subsequent ID Cards for as long as I maintain my license/registration with the Department of State.

DMV ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

## BACKGROUND QUESTIONS

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

- |  |     |    |
|--|-----|----|
| 1. Are you currently an active duty police officer?<br>→ IF "YES," you must submit certification of status.  | YES | NO |
| 2. Are you currently an active duty peace officer who has completed a required firearms training course?<br>→ IF "YES," you must submit certification of status.   | 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?<br>→ 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?<br>→ IF "YES," you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).  | YES | NO |
| 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?<br>→ IF "YES," you must submit an explanation.   | YES | NO |
| 6. Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administrative law judge, arbitrator, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence?<br>→ IF "YES," you must submit an explanation.  | YES | NO |
| 7. Have you ever applied, in this state or elsewhere, for a registration/license as an armored car guard; armored car carrier; security guard; watch, guard or patrol agency; bail enforcement agent; or private investigator?<br>→ IF "YES," please provide the UID # or Reg. # _____   | YES | NO |

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## CHILD SUPPORT STATEMENT

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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

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I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read the provisions of Article 8C of the General Business Law and the rules and regulations promulgated thereunder.

X \_\_\_\_\_

*Applicant's Signature*

\_\_\_\_\_

*Date Signed*

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

It is important that you notify the NYS Department of State of any changes in 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 non-refundable fee payment to the NYS Department of State.** (See the front of this application for the appropriate mailing address).