



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
Bureau of Educational Standards
P.O. Box 22001
Albany, NY 12201-2001
(518) 486-3803
www.dos.ny.gov

Security or Fire Alarm System Installer Instructor Application

PLEASE READ CAREFULLY, INCLUDING THE INSTRUCTIONS ON THE BACK OF THIS APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.

- » Do not send a photocopy of this application.
- » NO FEE is required for this application approval.
- » **CHILD SUPPORT STATEMENT.** A Child Support Statement is mandatory in New York State (General Obligation Law) regardless of whether or not you have children. **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 false statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to Section 175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with the state or local government with intent to defraud.

PLEASE PRINT OR TYPE.

INSTRUCTOR DATA

INSTRUCTOR'S NAME _____

HOME ADDRESS (NUMBER AND STREET; APT. NUMBER) _____

CITY _____ STATE _____ ZIP+4 _____

CURRENT OCCUPATION _____ BUSINESS PHONE NUMBER _____ HOME PHONE NUMBER _____

BUSINESS ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____

Have you ever been convicted of a criminal offense that is a misdemeanor or felony or had any license, certification, commission or registration denied, suspended or revoked in this state or elsewhere?

Yes* No If Yes*, attach a statement of complete details.

Child Support Statement - 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 agreement 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.

Applicant Affirmation - In addition, I affirm under the penalties of perjury, that the statements made in my application, including statements made in any accompanying papers, are true and correct.

Applicant's Signature

X _____ Date _____

FOR OFFICE	ADMISSION NOTICE MAILED: _____ / _____ / _____	EXAM DATE: _____ / _____ / _____	CENTER: _____	P	OR	F
USE ONLY	ADMISSION NOTICE MAILED: _____ / _____ / _____	EXAM DATE: _____ / _____ / _____	CENTER: _____	P	OR	F
	ADMISSION NOTICE MAILED: _____ / _____ / _____	EXAM DATE: _____ / _____ / _____	CENTER: _____	P	OR	F
EFFECTIVE DATE: _____ / _____ / _____	LICENSED: _____	UID#: _____	APPROVAL MAILED: _____ / _____ / _____	LABEL: []		

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INSTRUCTOR QUALIFICATIONS

All individuals who wish to teach Department of State approved security or fire alarm system installer courses, within the State of New York, must provide evidence of the following:

1. Having obtained a New York State license for the business of installing security or fire alarm systems. (Attach a copy of your license with the application.)

OR

2. Obtaining a passing grade on the New York State security or fire alarm system installer examination.

If you are not a licensed New York State security or fire alarm system installer you will be required to take and pass the State examination to qualify as an instructor.

The examination fee is \$15. You will be issued an admission notice for the examination.