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 Course Approval Renewal Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- » Annual registration period runs from January 1st to December 31st.
- » All instructors must be approved.

MODULE COURSE APPROVAL REQUESTED AND SCHOOL CODE NUMBER:

SCHOOL CODE NUMBER: _____

      MODULE 1 - INSTALLATIONS: STANDARDS, CODES AND TECHNIQUES
      MODULE 2 - CONTROL PANELS AND ALARM TRANSMISSIONS
      MODULE 3 - SECURITY SYSTEMS
      MODULE 4 - FIRE TECHNOLOGY
      MODULE 5 - SERVICE AND MAINTENANCE OF ALARM SYSTEMS

SCHOOL NAME

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION)

CITY	STATE	ZIP+4

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY	STATE	ZIP+4

SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY	STATE	ZIP+4

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY	STATE	ZIP+4

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY	STATE	ZIP+4

1. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to study material?

    Yes*   **No**   **If Yes*, attach explanation of change**

2. Has or will there be a change in any final examination?

    Yes*   **No**   **If Yes*, attach the final examination, answer key, reference source and page and subject matter category.**

3. Indicate names and signatures of persons authorized to sign course completion certificates.

PRINT NAME	SIGNATURE OF COORDINATOR
	( )
SIGNATURE	PHONE NUMBER
EMAIL ADDRESS (if any)	DATE

FOR OFFICE USE ONLY   EFFECTIVE DATE: ___/___/___   EXPIRATION DATE: ___/___/___   ENTERED: ___/___/___   BY: _____

               APPROVAL DATE: ___/___/___