

Business of Installing, Servicing or Maintaining Security or Fire Alarm Systems Employee's Statement

NYS Department of State
 DIVISION OF LICENSING SERVICES
 P.O. Box 22001
 Albany, NY 12201-2001
 Customer Service: (518) 474-4429
 www.dos.ny.gov

PLEASE READ CAREFULLY. This documentation must be mailed within 24 hours of the employment of the person making this statement.

- > No person shall be employed by any holder of a license as a Security and Fire Alarm Installer to assist with the installation, maintenance or service of security or fire alarm systems until such person to be employed shall have executed and furnished to such license certificate holder the following statement, pursuant to the provision of Article 6D of the General Business Law.
- > Every applicant must submit a receipt that provides proof of electronic fingerprinting completion by an approved vendor. 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. Failure to submit them within this time period will require you to complete the fingerprint process again.
- > Data regarding age and citizenship is required by statute.

EMPLOYEE'S NUMBER _____. All employees' 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 number entered on the fingerprint receipt.

EMPLOYER – PLEASE PRINT OR TYPE CLEARLY

NAME OF LICENSEE:
 ADDRESS:
 DATE LICENSE ISSUED:
 NUMBER OF LICENSE:

EMPLOYEE – PLEASE PRINT OR TYPE CLEARLY

1. a. NAME OF EMPLOYEE (IN FULL)

b. RESIDENCE STREET ADDRESS

CITY STATE ZIP+4 COUNTY

c. AGE DATE OF BIRTH (MONTH/DAY/YEAR)

2. List the business or occupation you have engaged in for the three years immediately preceding the date of the filing of this statement with your employer including the place(s) where the business or occupation was engaged in and the names of employers, if any, and dates thereof:

Month	Year	RESIDENCE (in cities, state also street and number)	OCCUPATION	NAME AND ADDRESS OF EMPLOYER(S) (if self-employed, so indicate)
From				
To				
From				
To				
From				
To				
From				
To				

PLEASE COMPLETE NEXT PAGE AND SIGN AFFIRMATION

YES* NO

- 3. Have you ever been convicted of a felony in this State or elsewhere? _____
- 4. Have you ever been convicted in this State or elsewhere of:
 - a. Any offense involving moral turpitude? _____
 - b. Illegally using, carrying or possessing a pistol or other dangerous weapon? _____
 - c. Making or possessing burglar's instruments? _____
 - d. Buying or receiving stolen property? _____
 - e. Unlawful entry of a building? _____
 - f. Aiding escape from prison? _____
 - g. Unlawfully possessing or distributing habit forming narcotic drugs? _____
 - h. Interfering with any person in any place by jostling against such person or unnecessarily crowding him or by placing a hand in the proximity of such person's pocket, pocketbook or handbag? _____
 - i. Except for minor traffic infractions, have you ever been convicted of any other offense in this State or elsewhere? _____
- 5. a. Has any Business of Installing, Servicing or Maintaining Security or Fire Alarm Systems license issued to you or to a partnership or corporation of which you were a member or an officer ever been revoked in this State or elsewhere? _____
- b. Has any application submitted by you for a license in the Business of Installing, Servicing or Maintaining Security or Fire Alarm Systems ever been denied by this State or any other governmental or regulatory body or officer in this State or elsewhere? _____
- 6. 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 in this State or elsewhere? _____
- 7. Are you presently under indictment for any crime or offense in this State or elsewhere? _____
- 8. 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? _____

*If any answer to questions 3 to 8 is YES, explain fully, setting forth details for each answer: (attach additional sheets if necessary)

9. The name of the employer (licensee to whom this statement is submitted):

Applicant 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.

Signature of Applicant

X _____ Date _____

Employer's Statement — I have read the application. The date indicated is the effective date of employment of this employee.

Signature of Employer

X _____ Date _____

Any employee making a material misstatement on this form may be prosecuted to the fullest extent of the Law.