



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

Document Destruction Contractor Branch Office Application

Please take the time to read the instructions in this package carefully before beginning the application form. Incomplete forms will be returned delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application may be deemed sufficient reason to deny a registration or could result in the suspension or revocation, if one is issued.

When would I file a Document Destruction Contractor Branch Office Application?

You would file a Document Destruction Contractor Branch Office application if you are a registered Document Destruction Contractor who wishes to maintain a branch office in addition to your principal place of business.

Who is the contact person?

The contact person is any individual who has ownership in the Document Destruction Contractor business. This person must be a principal or officer of the business. They must complete the application and sign and date the application affirmation.

Where will a branch office license be mailed to?

Branch office licenses are mailed to the branch office address.

What is the application fee and term of registration?

The non-refundable application fee is \$50. If the contact person on this application is also a new principal or officer of the company, proof of fingerprint completion must be submitted. Each registration is for a two year term.

What forms of payment do you accept?

You may pay by money order, company check or cashier's check made payable to the Department of State. No personal checks or credit cards. Do not send cash. A \$20 fee will be charged for any check returned by your bank.

Fingerprint Requirements:

Applicants, including each principal and officer of the company, have access to electronic fingerprinting through Identogo by MorphoTrust USA.

Electronic Fingerprinting Procedure:

Applicants must schedule appointments with Identogo by MorphoTrust USA. To schedule an appointment at a location near you, visit their website at www.identogo.com or call 877-472-6915. For scheduling purposes, you must utilize the required ORI number NY001DD5Y.

What to bring to Appointment: Complete the Request for NYS Fingerprinting Services - Information Form (pdf) for Document

Destruction Contractors and BRING it with you to the fingerprinting site.

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 fingerprint process again.

Fingerprint Fees:

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

Division of Criminal Justice Services (DCJS) fee:
\$75 plus 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.

Note: fingerprint fees are in addition to the application fee.

Do I need to complete the Child Support Statement section of the application?

Yes. A Child Support Statement is mandatory in New York State (General Obligations Law). The law requires you to complete this section — regardless of whether or not you have child 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. 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.

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Read the Instruction Sheet for details before completing this application form. You must answer each question and PRINT OR TYPE ALL RESPONSES IN INK.

Check this box to change the contact person for this branch office and complete this application. No application fee is required. If this new contact person is also a new principal or officer, proof of fingerprint completion must be submitted with this application.

UNIQUE ID NUMBER OF PRINCIPAL OFFICE

BUSINESS ADDRESS OF PRINCIPAL OFFICE (NUMBER AND STREET REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP COUNTY

BRANCH OFFICE ADDRESS FOR WHICH THIS APPLICATION IS MADE (NUMBER AND STREET REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP COUNTY

FEDERAL TAXPAYER ID NUMBER (SEE PRIVACY NOTIFICATION)

BUSINESS PHONE NUMBER

FAX NUMBER (IF ANY)

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EMAIL ADDRESS (IF ANY)

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CONTACT PERSON (MUST BE A PRINCIPAL OR OFFICER)

RESIDENCE ADDRESS (NUMBER AND STREET REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP COUNTY

1 Background Data

YES or NO

1. Have you ever been convicted in this state or elsewhere of any criminal 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.

2. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?

→IF "YES," you must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).

3. 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?

→IF "YES," you must provide all relevant documents, including the agency determination, if any.

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4. Are you a debtor on any unpaid civil judgment relating to work as a Document Destruction Contractor? _____

- If you are applying as an **individual or sole proprietor**, complete items 1 and 2, below.
- If you are applying as a **corporation, partnership or limited liability company**, skip Item 1 and go directly to Item 2.

2 Child Support Statement – *You must complete this section. If you do not complete it, your application will be returned.*

“X” A or B, below

I, the undersigned, do hereby certify that (You must “X” A or B, below):

- A. **I am not under obligation to pay child support.** (SKIP “B” and go directly to **Applicant Affirmation**).
- B. I am under obligation to pay child support (You must “X” any of the four statements below that are true and apply to you):
- I do not owe four or more months of child support payments.
 - I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.
 - My child support obligation is the subject of a pending court proceeding.
 - I receive public assistance or supplemental social security income.

3 Applicant Affirmation— I affirm that I have read and understand the provisions of Article 39-G of the General Business Law. I further affirm that Workers’ 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.

Applicant’s Signature **X** _____ *Date* _____

**Please remember to include with your application
any required documentation along with the applicable fees.**

It is important that you notify this division of any changes to your business address so you can receive renewal notices and any other notifications pertinent to your registration.