



Division of Licensing Services

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 Application

Read ALL instructions carefully before completing the application. Incomplete forms will not be processed. 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.

What is a Document Destruction Contractor?

A Document Destruction Contractor is any person, firm or corporation that owns or operates a business, the principal purpose of which is to destroy records containing personal identifying information for a fee and for whom the total cash price of all of his, her or its document destruction contract exceeds five hundred dollars during any period of twelve consecutive months.

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 complete this application and sign and date the application affirmation.

How do I apply for a branch office?

If you are a registered Document Destruction Contractor who wishes to maintain a branch office in addition to your principal place of business, you must file a Document Destruction Contractor branch office application.

How do I add a principal or officer to an existing company?

Check the box on the application to add a new principal or officer to an existing company. Please provide the business name, business address and the additional principal or officer name and residence address in the spaces indicated with asterisks* on the application. In addition, proof of fingerprint completion must be submitted.

What is the application fee and term of registration?

The non-refundable application fee is \$50. 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. Personal checks or credit cards will not be accepted. Do not send cash.

FINGERPRINT REQUIREMENTS:

Applicants, including each principal and officer of the company, have access to electronic fingerprinting through IdentoGo by IDEMIA.

Electronic Fingerprinting Procedure:

Applicants must schedule appointments with IdentoGo by IDEMIA. 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 Service Code 1545G7. *Failure to use the correct license type or Service Code 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), 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 for your records.

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 IdentoGo by IDEMIA.

Division of Criminal 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.

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.

Document Destruction Contractor Application

PRIVACY NOTIFICATION

Do I need to provide my Social Security and federal ID numbers on the application?

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

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 Commission 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 state 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 Direction 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 or call **1-800-FOR-VOTE** to request a NYS Voter Registration form.

To register online, please visit www.ny.gov/services/register-vote.

FOR OFFICE
USE ONLY

UNIQUE ID NUMBER

EFF. DATE

CASH NUMBER

FEE



Division of Licensing Services

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 Application

Read the instruction sheet for details before completing this application form. You must answer each question and TYPE or PRINT responses in ink.

Application as (Check One) Individual Trade Name Corporation
 Limited Partnership Limited Liability Company Limited Liability Partnership

To add a principal or officer or to change a contact person to an existing company, check the box below that applies.

- Check this box to add a new principal or officer to an existing company. Please provide the business name and address and the additional principal or officer name and residence address in the spaces indicated with asterisks * below. In addition, proof of fingerprint completion must be submitted.
- Check this box to change the contact person for this principal 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 also be submitted with this application.

* BUSINESS NAME

* BUSINESS ADDRESS - (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)

()

()

BUSINESS EMAIL ADDRESS (IF ANY)

CONTACT PERSON NAME (MUST BE A PRINCIPAL OR OFFICER) DATE OF BIRTH SOCIAL SECURITY NUMBER

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

CITY STATE ZIP COUNTY

* ADDITIONAL PRINCIPAL OR OFFICER NAME DATE OF BIRTH SOCIAL SECURITY NUMBER

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

* CITY STATE ZIP COUNTY

* ADDITIONAL PRINCIPAL OR OFFICER NAME DATE OF BIRTH SOCIAL SECURITY NUMBER

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

* CITY STATE ZIP COUNTY

Document Destruction Contractor Application

* ADDITIONAL PRINCIPAL OR OFFICER NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

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

*CITY

STATE

ZIP

COUNTY

1. How long have you or your company been a Document Destruction Contractor? _____ years
2. What methods of document destruction does you or your company utilize?

- | | YES | or | NO |
|--|-------|----|-------|
| 3. 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. | _____ | | _____ |
| 4. 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). | _____ | | _____ |
| 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?
→IF "YES," you must provide all relevant documents, including the agency determination, if any. | _____ | | _____ |
| 6. Are you a debtor on any unpaid civil judgment relating to work as a Document Destruction Contractor? | _____ | | _____ |
| For questions 7 -11 please answer only the statement which applies to you. | | | |
| 7. I own this business and the Trade Name Certificate has been filed in the Office of the County Clerk where the business is located. (By signing this application, you are certifying Compliance with this requirement.) | _____ | | _____ |
| 8. I am a member of this partnership and the Certificate of Partnership has been filed in the Office of the County Clerk where the business is located or with the NYS Department of State, Division of Corporations. (By signing this application, you are certifying compliance with this requirement. | _____ | | _____ |
| 9.a. I am an officer of this corporation and the NYS Certificate of Incorporation has been filed with the NYS Department of State, Division of Corporations. (By signing this application, you are certifying compliance with this requirement.) | _____ | | _____ |
| b. I am an officer of this foreign (out of state) corporation and an Application for Authority to do business has been filed with the NYS Department of State, Division of Corporations. (By signing this application, you are certifying compliance with this requirement.) | _____ | | _____ |

Document Destruction Contractor Application

YES or NO

10. I am a (member) (manager) of this Limited Liability Company, and a copy of the Articles of Organization has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)**

11. I am a partner of a Limited Partnership and the Certificate of Limited Partnership has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)**

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 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 – I affirm that I have read and understand the provisions of Article 39-G of the General Business Law. I further affirm that Worker’s 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 address so you will receive renewal notices and any other notifications pertinent to your registration.

Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at www.donatelife.ny.gov/register or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – Registry@donatelife.ny.gov or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



*Last name _____

*First name _____

Middle Initial _____ Suffix _____

*Address _____

*Apt. Number _____ *Zip Code _____

*City _____

*Birth date ____/____/____ *Gender M F
MM DD YYYY

Email address _____

DMV or IDNYC Number _____

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment;
- and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

--	--

*Sign

*Date