NYS Request for Card Scan Services - Information Form

Contributor Agency Section:

ORI: SecGuard

Contributor Agency: NYS Department of State/LIC DIV

Job or License Type: Security Guard

Agency ID Number: _____
(If assigned by contributor)

Applicant Section:

◯ *New Submission* ◯ *Resubmission*

Name of Applicant: _____

Alias / Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Height: _____ *ft.* _____ *in.* Weight: _____ *lbs.*

Sex: _____ Eye Color: _____ Hair Color: _____

Race: _____ Ethnicity: _____ Skin Tone: _____

State / Country of Birth: _____ Country of Citizenship: _____

Alien Registration No.: _____ Misc. No.: _____

Required for Pistol Permits if not US Citizen

Billing Account Number (If applicable)

Payment Section:

Payment options include: personal or business check, certified check, bank check, money order, credit card or MorphoTrust USA billing account. If paying with a 3rd party check, please clearly print the applicant's name at the top of the check.

PAID BY:

◯ Check or Money Order

Check Number: _____

◯ Visa ◯ Master Card ◯ American Express ◯ Discover

Card Number: _____ Expires: _____

◯ MorphoTrust USA Billing Account

Account Number: _____