



## Business of Installing, Servicing or Maintaining Security or Fire Alarm Systems

Read ALL instructions carefully before completing the application. Incomplete forms will be returned. Any omission, inaccuracy or failure to make full disclosure may be deemed sufficient reason to deny a license/registration or may result in the suspension or revocation of an issued license/registration.

### What is a Security or Fire Alarm Installer?

New York State law (Article 6D of the General Business Law) and Department of State rules (19 NYCRR) defines a security or fire alarm installer as one who installs, services or maintains security or fire alarm systems to detect intrusion, break-in, movement, sound or fire.

### Who is excluded from this law?

A license is not required to install systems on motor vehicles, boats or airplanes. A license is not required to install a battery operated smoke detection device. However, a person who is in the business of installing a hard wired smoke detector must be licensed.

Home or business owners installing a system on their own property are not “in the business of” installing, and thus are not required to be licensed.

It is important to note that such systems include only those dedicated to detection. In the context of alarm systems, detection means to warn or to notify. Therefore, the installation of “passive” (i.e., non-detecting) security devices does not require licensure.

### What are the qualifications for licensure?

All applicants must be at least 18 years of age at the time of application.

You can qualify for licensure under one of the following methods:

- A. Examination and Education
- B. Experience and Education
- C. Master Electrician Waiver

**A) Examination and Education:** If you are new to the industry, you must pass a written exam and complete the required education. For specific education requirements, see the next page of these instructions. This examination is administered on a walk-in basis and is taken **PRIOR** to the submission of an application.

If you fail the examination, you will be mailed a notification which you may use for readmission to another examination.

Once you pass the examination, you will be sent a PASSED notification. In order to complete the license process, you must submit:

- The completed, signed application;
- Applicable application fee payable to the NYS Department of State;
- Your PASSED notification;
- Receipt that provides proof of electronic fingerprinting by an approved vendor;

- Evidence of completion of education requirements (submit all completion certificates);
- Any additional documentation requested in response to specific questions on the application form.

**B) Experience and Education:** If you have at least two years of experience in installing, servicing or maintaining security or fire alarm systems, (totaling 3,500 working hours [equivalent to 35 hours per week for 100 weeks] that was obtained in New York State between October 1, 1989 and September 30, 1992), you may qualify for licensure without an exam. If you apply based on this method, you must submit:

- The completed, signed application;
- Applicable application fee payable to the NYS Department of State;
- Proof of experience as described above (submit all completion certificates);
- Evidence of completion of education requirements (Submit all completion certificates);
- Receipt that provides proof of electronic fingerprinting by an approved vendor.

**C) Master Electrician Waiver:** Individuals licensed as master electricians who wish to engage in the installation, servicing, or maintaining of security or fire alarm systems are not exempted from filing with the Department of State. However, two forms of waiver from some of the specific licensing requirements (by virtue of your status as a licensed master electrician) are available.

**Statewide License:** Master Electricians who wish to practice outside their licensing jurisdiction(s), must be licensed by the Department of State. By virtue of your license as master electrician, you are waived from the education, experience and examination requirements. If you file based on this method, you must submit:

- The completed, signed application;
- Applicable application fee payable to the NYS Department of State;
- Receipt that provides proof of electronic fingerprinting by an approved vendor;
- List of jurisdictions in which you are licensed as a Master Electrician (Please refer to and complete attachment A);
- A copy of your current Master Electrician license(s).

### Registration within Local Jurisdictions Only:

Licensed Master Electricians who wish to only practice in their local jurisdiction(s) must be registered with the Department of State. By virtue of your license as a master electrician, *all licensing requirements, including the submission of fingerprints are waived.* **Note: Those alarm installers designated “local” may only engage in the alarm installer business in municipalities where they are licensed as master electricians.** If you file based on this method, you must submit:

- The completed, signed application;
- Applicable application fee payable to the NYS Department of State;
- List of jurisdictions in which you are licensed as a master electrician (Please refer to and complete attachment A);
- A copy of your current Master Electrician license(s).

## **What are the education requirements?**

License candidates are required by law to submit evidence of education which demonstrates sufficient training in installing, servicing, or maintaining of security or fire alarm systems. This requirement may be satisfied by any of the following methods:

Successful completion of a minimum of 81 hours of course study which is approved or recognized by the Department of State as established by the department's qualifying course regulations.

Successful completion of industry sponsored training courses or programs which are approved or recognized by the Department of State as meeting educational standards in the field of security or fire alarm systems.

Completion of various courses and industry sponsored training programs which have not been approved or recognized by the Department of State prior to January 1, 1993.

In order to receive full credit for these courses and training programs, the subject matter must cover all facets of the field of security or fire alarms which include but are not limited to the following:

Basic Electricity; All Standards and Codes: National, NY State Fire Prevention and Building Code, UL, NFPA, FM; Control Devices; Alarm Communications; Motion Detection; Perimeter Systems; Job planning; Fire Detection Systems; Life Safety and Troubleshooting, Service and Maintenance of Alarm Systems.

Licensing Services will evaluate this information and, when applicable, issue credit in 15 or 21 hour blocks (modules) toward meeting the 81 hour requirement.

## **What if I completed my education outside of New York State?**

We may waive the 81 hour Security & Fire Alarm Installer education requirement if you can document an equivalent level of schooling.

You must submit the following documents:

- An official transcript from the accredited college or university indicating satisfactory completion of the course(s) you would like us to consider, or an original Certificate of Course Completion from a recognized Security & Fire Alarm Installer school.
- An official description of the subject matter. This can usually be obtained from a school catalogue.

Send these, along with a letter requesting a waiver of the qualifying education requirements to:

Department of State  
Division of Licensing Services  
Bureau of Educational Standards  
PO Box 22001  
Albany, NY 12201-2001

## **What if I have a secondary business location (a/k/a branch office)?**

In accordance with §195.5 of the Department's rules and regulations (19 NYCRR), a photocopy of the business license issued to your principal location must be conspicuously displayed at each secondary location of the business. You must file with the Department of State, by registered or certified mail, the location of all secondary locations, within five business days of their opening. If you are intending to open secondary locations at this time, you must complete Attachment C and submit it with this application.

## **Do I need to maintain a list of secondary business locations?**

Yes. In accordance with §195.5 of the Department's rules and regulations (19 NYCRR), a current list of all secondary locations is to be maintained at the principal business location.

## **What are the application fees and terms of licensure?**

The nonrefundable application fees are as follows:

### **Examination and Education:**

- \$185 - Application fee
- \$15 - Written exam fee
- \$100 - Renewal fee, every two years
- \$60 - Late fee, if renewal is received one year after expiration

### **Experience and Education:**

- \$200 - Application fee
- \$100 - Renewal fee, every two years
- \$60 - Late fee, if renewal is received one year after expiration

### **Master Electrician - Statewide:**

- \$200 - Application fee
- \$100 - Renewal fee, every two years
- \$60 - Late fee, if renewal is received one year after expiration

### **Master Electrician - Local Only:**

- \$50 - Application fee
- \$50 - Renewal fee, every two years
- \$60 - Late fee, if renewal is received one year after expiration

## **How do I add or replace a qualifier on an existing license?**

To add an additional qualifier, check the appropriate box on page 2 of the application and submit a letter signed by the existing qualifier approving the addition.

To replace an existing qualifier, check the appropriate box on page 2 of the application and submit a letter of resignation signed by the existing qualifier.

## **I am intending to employ staff to assist in the installation, servicing, or maintaining of security or fire alarm systems. What do I need to do?**

You must submit:

- The completed, signed, Employee's Statement;
- Receipt that provides proof of electronic fingerprinting by an approved vendor.

**What forms of payment do you accept?**

You may pay by check or money order made payable to the Department of State or by MasterCard or Visa, using a Credit Card Authorization form [www.dos.ny.gov/forms/licensing/1450-f-a.pdf](http://www.dos.ny.gov/forms/licensing/1450-f-a.pdf). Do not send cash. Application fees are non-refundable. A \$20 fee will be charged for any check returned by your bank.

**FINGERPRINT REQUIREMENTS:**

Applicants 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](http://www.identogo.com) or call 877-472-6915. For scheduling purposes, you must utilize the required Service Code 1545SG. The Alarm Installer Employee Service Code is 1545TY. *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](http://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 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 IDEMIA.

Division of Criminal Justice Services (DCJS) fee: \$75.00 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](http://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 Obligation 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 or 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, 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 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.

**WOULD YOU LIKE TO REGISTER TO VOTE?**

Please visit the NY State Board of Elections at [www.elections.ny.gov/votingregister.html](http://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](http://www.ny.gov/services/register-vote).



# ***Business of Installing, Servicing or Maintaining Security or Fire Alarm Systems***

## **BUSINESS INFORMATION** \* required responses

To add or replace a qualifier on an existing license, check appropriate box below and provide the UID# in the space provided. I am applying as:  an additional qualifier **OR**  replacing the current qualifier on an existing license.

UID# \_\_\_\_\_ (Additional documentation must be submitted; see application instructions)

BUSINESS NAME \*

BUSINESS ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ENSURE DELIVERY) \*

CITY \* STATE \* ZIP+4 \* COUNTY \*

## **BACKGROUND QUESTIONS**

1. Have you ever been convicted of a crime that is a misdemeanor or felony? \*  YES  NO  
→IF “YES,” you must submit a written explanation and provide a copy of the court records detailing the allegations of the offense and how the case was resolved. If you 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 (misdemeanor or felonies) pending against you in any court? \*  YES  NO  
→IF “YES,” you must submit a written explanation and provide a copy of the court records detailing the allegations of the offense.
3. Has any license or permit issued to you or a company in which you are or were a principal ever been revoked, suspended or denied? \*  YES  NO  
→IF “YES,” you must provide all relevant documents, including the agency determination if any.
4. Have you ever applied for or been issued a Security or Fire Alarm System Installer’s license or occupational license of any type?  YES  NO  
→IF “YES,” you must provide the UID#. \_\_\_\_\_

## **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 6D of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). 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.

X

\_\_\_\_\_  
*Applicant’s Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

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

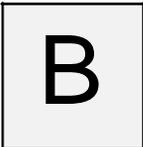
It is important that you notify this division of any changes to your address so you will receive renewal notices and any other notifications pertinent to your license/registration.



**Master Electrician: List of Jurisdictions**

I am a Master Electrician and have listed below the jurisdictions and license numbers in which I am licensed as a Master Electrician and have **included a copy of my current Master Electrician license(s)**.

Name and address(es) of jurisdiction(s) where you are licensed	License No.	Exp. Date



**Experience in NYS  
Form 10/1/1989 – 9/3/1992**

You are to have at least 2 years of experience in installing, servicing, or maintaining security or fire alarm systems (totaling 3,500 working hours [equivalent to 35 hours per week for 100 weeks] that was obtained in New York State between October 1, 1989 and September 30, 1992). PRINT or TYPE below in blue or black INK a complete record of your occupation(s) during the time period which your qualifying experience is claimed. Include the name, address, and telephone number of each employer and dates of employment. You may copy this page and attach as many sheets as needed. You may be asked to provide proof of your experience. **NOTE: Failure to provide adequate proof of experience upon request may be grounds for denial of this application.**

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NAME OF COMPANY

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COMPANY ADDRESS

---

EMPLOYMENT STATUS  FULL-TIME  PART-TIME HOURS PER WEEK DATE OF EMPLOYMENT FROM/TO

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SUPERVISOR BUSINESS TELEPHONE

---

POSITION/TITLE (Attach a Separate Sheet Explaining Your Duties) NATURE OF BUSINESS

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NAME OF COMPANY

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COMPANY ADDRESS

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EMPLOYMENT STATUS  FULL-TIME  PART-TIME HOURS PER WEEK DATE OF EMPLOYMENT FROM/TO

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POSITION/TITLE (Attach a Separate Sheet Explaining Your Duties) NATURE OF BUSINESS

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NAME OF COMPANY

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COMPANY ADDRESS

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EMPLOYMENT STATUS  FULL-TIME  PART-TIME HOURS PER WEEK DATE OF EMPLOYMENT FROM/TO

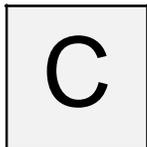
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SUPERVISOR BUSINESS TELEPHONE

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POSITION/TITLE (Attach a Separate Sheet Explaining Your Duties) NATURE OF BUSINESS

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**BRANCH LOCATIONS**

Using the following format, type or print below the complete address for each branch office in New York State.  
You may photocopy this sheet as many times as needed to list every office.

STREET ADDRESS	Apt/FI/Ste	CITY	STATE	ZIP CODE
STREET ADDRESS	Apt/FI/Ste	CITY	STATE	ZIP CODE
STREET ADDRESS	Apt/FI/Ste	CITY	STATE	ZIP CODE
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STREET ADDRESS	Apt/FI/Ste	CITY	STATE	ZIP CODE
STREET ADDRESS	Apt/FI/Ste	CITY	STATE	ZIP CODE

**A COMPLETED APPLICATION MUST INCLUDE:**

(Use this checklist to ensure you have included/completed all requirements)

You must complete all required \* responses.

***If you do not complete all required responses, your application will be returned.***

**Page 4**

You must check one box in the section "Application as" and one box in the section "**I am applying as.**"

**Applicant Information:**

- Complete "Applicant Information" required (\*) responses.

**Business Information:**

- To add or replace a qualifier on an existing license, check appropriate box and provide the UID# in the space provided.
- Complete "Business Information" required (\*) responses.
- Business Name: Clearly print or type the business name under which you will conduct business (as it appears on the filing receipt or business certificate). Individual applicants should complete this section with first name; middle initial; last name (if applicable)
- Business Address: All applicants **MUST** provide a business address.

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**Background Questions: If you answered YES to questions 1, 2 or 3:**

- Question #1 - court documentation which **MUST** be submitted: A copy of the certificate of disposition from the court AND a copy of the accusatory instrument \* from the court.
- Question #2 - court documentation which **MUST** be submitted: A copy of the accusatory instrument \* from the court AND adjournment notice(s) indicating future court date(s) from the court.
- Question #3 - you must provide all relevant documents, including the agency determination, (if any).
- \* An accusatory instrument is a document that is used by prosecutors and the criminal courts to charge and prosecute someone accused of a crime(s) and details the facts and circumstances surrounding the crime(s). This could be an Indictment, Superior Court Information, Criminal Complaint, etc.

**Child Support Statement: (read)**

**Applicant Affirmation:**

- Sign and print your name and date the application.

**Page 6**

**Attachment A – Master Electrician Jurisdiction list**

- Print or type the name and address of jurisdiction where you are licensed. Attach a copy of your license.

**Page 7**

**Attachment B – Experience in NYS from 10/1/1989 – 9/3/1992**

- Print or type employment information for claimed experience.

**Page 8**

**Attachment C – Branch Locations**

- Print or type all branch locations complete street addresses.

**Additional Items to be submitted with your application**

**Examination Slip:**

- Attach the yellow copy of your passed exam notification (cannot be more than 2 years old).

**Receipt of electronic fingerprinting:**

- Attach 1 copy of the receipt provided by the vendor.

**Application Fee:**

- Fees are payable to the NYS Department of State. (see instructions for acceptable payment methods).



# 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](http://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](mailto: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.

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\*Sign

\*Date