NEW YORK STATE OF OPPORTUNITY | **Division of Licensing Services**

New York State
Department of State
Division of Licensing Services
Bureau of Educational Standards
P.O. Box 22001
Albany, NY 12201-2001
(518) 486-3803
https://dos.ny.gov

Security or Fire Alarm System Installer Course Approval Renewal Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

» Annual registration period runs from January 1st to December 31st.

» All instructors must be approved.

MODULE COURSE APPROVAL REQUESTED AND SCHOOL CODE NUMBER:

SCHOOL CODE NUMBER: _____

MODULE 1 - INSTALLATIONS: STANDARDS, CODES AND TECHNIQUES

MODULE 2 - CONTROL PANELS AND ALARM TRANSMISSIONS

MODULE 3 - SECURITY SYSTEMS

MODULE 4 - FIRE TECHNOLOGY

MODULE 5 - SERVICE AND MAINTENANCE OF ALARM SYSTEMS

PLEASE INDICATE THE TYPE OF COURSE:

☐ Classroom Instruction   ☐ Live Distance Education (Synchronous with Instructor)

SCHOOL NAME

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION)

CITY	STATE	ZIP+4

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY	STATE	ZIP+4

CLASSROOM COURSES ONLY SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY	STATE	ZIP+4

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY	STATE	ZIP+4

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY	STATE	ZIP+4

1. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to study material or procedures for taking attendance?

   ☐ Yes*   ☐ No   **If Yes*, attach explanation of change**

2. Has or will there be a change in any final examination?

   ☐ Yes*   ☐ No   **If Yes*, attach the final examination, answer key, reference source and page and subject matter category.**

3. Indicate names and signatures of persons authorized to sign course completion certificates.

PRINT NAME	SIGNATURE OF COORDINATOR
SIGNATURE	( ) PHONE NUMBER
EMAIL ADDRESS (if any)	DATE

FOR OFFICE USE ONLY   EFFECTIVE DATE: ____/____/____   EXPIRATION DATE: ____/____/____   ENTERED: ____/____/____   BY: _____

APPROVAL DATE: ____/____/____