



# 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  
<https://dos.ny.gov>

## Private Investigator, Bail Enforcement Agent, Watch, Guard or Patrol Agency Application

*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 or may result in the suspension or revocation of an issued license.*

**A COMPLETED APPLICATION MUST INCLUDE:** (Use this checklist to make sure you have included/completed all requirements.)

- ☐ The completed, signed application;
- ☐ A signed DMV Informed Consent section;
- ☐ Receipt that provides proof of electronic fingerprinting by an approved vendor;
- ☐ Application fee payable to the NYS Department of State. See "Application Requirements -acceptable forms of payment;"
- ☐ Any additional documentation requested in response to specific questions on the application form;
- ☐ For PI & WGP applicants, the original "PASSED" examination slip (cannot be more than 2 years old).
- ☐ For PI & WGP applicants, proof of a \$10,000 surety bond. The surety company named on the bond must be duly authorized to do business in New York State and must be recognized and approved by the NYS Superintendent of Insurance.

If you employ security guards, you must file evidence of liability coverage in the minimum amount of \$100,000 per occurrence and \$300,000 in the aggregate and a statement that the coverage includes false arrest, false imprisonment, malicious prosecution, libel, slander and violation of the right to privacy.

- ☐ For BEA applicants, you must provide proof of a \$500,000 surety bond. The surety company named on the bond must be duly authorized to do business in New York State and must be recognized and approved by the NYS Superintendent of Insurance.

### APPLICATION REQUIREMENTS:

#### Definition of a Private Investigator (PI):

A Private Investigator conducts investigations to locate the whereabouts of missing persons, finds the location and/or recovers lost or stolen property; finds the causes and origin of, or responsibility for fires, or libels, or losses, or accidents, or injuries to real or personal property. Private Investigators conduct investigations for fee, hire or reward.

#### Definition of a Bail Enforcement Agent (BEA):

A Bail Enforcement Agent is defined as an individual or entity who (for a fee) apprehends and surrenders individuals on bond or bail (who have failed to appear in court) to jail or to court.

#### Definition of a Watch, Guard or Patrol Agency (WGP):

A Watch, Guard or Patrol Agency is a company providing security services to protect individuals or property from harm, theft, or other unlawful activity.

#### License qualifications:

All applicants must be at least 25 years of age at the time of application and be a principal in the business. PI's & WGP's must pass the license examination. **You are not eligible** to hold a PI or WGP license if you are a holder of an employment agency license, or are a member of a partnership or an officer or a holder of any stock in a corporation or have any financial interest or participation in the control and management of any employment agency.

**Please Note:** Licensed Private Investigators and their employees can engage in the business of bail enforcement without further licensing requirements or training.

#### Experience Required:

The law requires every partner, officer or principal in a business to be licensed to conduct business, and one such individual in each business must provide proof of qualifying experience and pass the license examination.

**PI / WGP:** "Qualifying" applicants **should not submit an application until they pass the appropriate written exam** and then must provide proof that they meet one of the following minimum levels of experience, or equivalent position and experience:

**Private Investigator** applicants must have at least three years of full-time investigative experience as an employee of a licensed private investigator or as an investigator for a government investigative agency or police agency;

**OR** 3 years of full-time equivalent position and experience acquired in a position where the primary duties were to conduct investigations;

**OR** 3 years of full-time experience supervising and reviewing the work of at least three people performing investigations;

**OR** 20 years of service as a police officer, regardless of specific title;

**OR** 20 years of service as a Fire Marshall.

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## Private Investigator, Bail Enforcement Agent, Watch, Guard or Patrol Agency Application

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**Watch, Guard or Patrol Agency** applicants must have at least two years of full-time security experience as a sheriff, police officer, security guard in a government agency or with a licensed PI or WGP;

**OR** 2 years of full-time equivalent position and experience acquired in a position where the primary duties were the performance of security guard duties;

**OR** 2 years experience supervising and reviewing the work of at least three people performing security services.

**Bail Enforcement Agent** applicants must have 3 years experience as a police officer, an investigator in an agency of the state, county or federal government or employee of a licensed private investigator or at a firm, partnership, company or corporation where one member has been performing the duties described in the definition of bail enforcement agent;

**OR** 20 years experience as a police officer or Fire Marshal.

### Training:

There is no specific training required for a PI or WGP. However, a BEA applicant must have completed a training program not less than 25 hours as approved by the Secretary of State. (Training may be waived when the person has served as a police officer for not less than 3 years.)

### “Nonqualifier” applicant:

“Nonqualifier” applicants are those partners, officers or principals who are required to be licensed under the law but who do not need to claim qualifying experience in their application. Nonqualifier applicants must submit a completed application, as well as a receipt that provides proof of fingerprint completion.

### PI / WGP entities need to be bonded and, if employing Security Guards, must have liability insurance:

You must provide proof of a \$10,000 surety bond. The surety company named on the bond must be duly authorized to do business in New York State and must be recognized and approved by the NYS Superintendent of Insurance.

*If you employ security guards, you must file evidence of liability coverage in the minimum amount of \$100,000 per occurrence and \$300,000 in the aggregate and a statement that the coverage includes false arrest or false imprisonment, malicious prosecution, libel, slander and violation of the right to privacy. **No security guard company may knowingly employ a security guard unless liability coverage is filed with the Department of State.***

**Employers of security guards are also responsible for registering security guards with the Department of State’s Division of Licensing Services.** Separate application packages are available for this purpose.

### BEA entities need to be bonded:

You must provide proof of a \$500,000 surety bond. The surety company named on the bond must be duly authorized to do business in New York State and must be recognized and approved by the NYS Superintendent of Insurance.

### Types of licenses:

You must indicate on the top of the application form whether you are applying for a PI, BEA or a WGP license and which type of license:

**Individual.** You will conduct business solely using your own name and cannot present yourself as being associated with any firm or company.

**Trade Name.** You will conduct business as a sole proprietorship doing business using a name other than your personal name. The trade name (“d/b/a”) must be filed in the County Clerk’s office of the county in which the business is located. ***By signing this application, you are certifying compliance with this requirement.***

**Partnership.** All partners in a partnership must be licensed; separate applications must be completed, signed, and submitted by each partner. At least one partner must meet the qualifying experience and examination requirements and be licensed to conduct business under the partnership name. A partnership certificate must be filed in the County Clerk’s office of the county in which the business is located. ***By signing this application, you are certifying compliance with this requirement.***

# Private Investigator, Bail Enforcement Agent, Watch, Guard or Patrol Agency Application

**Corporation.** All corporate officers (President, Secretary, Treasurer), all holders of 10 percent or more of the stock, and each officer and director working for the corporation within New York State and all other principals must be licensed; separate applications must be completed, signed, and submitted by each such person. At least one corporate officer must be licensed to conduct business under the corporate name and at least one principal must meet the qualifying experience and examination requirements and be license. **By signing this application, you are certifying compliance with this requirement.**

**Limited Liability Company, Limited Liability Partnership or Limited Partnership.** At least one member or manager of the limited liability company or limited liability partnership must meet the qualifying experience and examination requirements and be licensed to conduct business under the firm's name. Applicants must be a member, manager or partner prior to licensing. **By signing this application, you are certifying compliance with this requirement.**

## What is the fee and term of licensure?

The nonrefundable application fees are:

### Private Investigator and Bail Enforcement Agent:

\$400 for an individual, proprietary license; plus \$400 for each branch office

\$500 for a corporate or business license; plus \$500 for each branch office.

### Watch, Guard or Patrol Agency:

\$300 for an individual, proprietary license; plus \$300 for each branch office

\$400 for a corporate or business license; plus \$400 for each branch office.

Licenses are issued for a two-year period.

A fee of \$150 is charged for a change of business name or status.

## Acceptable forms of payment:

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

<https://dos.ny.gov/system/files/documents/2019/04/1450-f.pdf>. Do not send cash. Application fees are nonrefundable. 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 1545QJ. The Bail Enforcement Service Code is 1545KN. *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. Approved and acceptable form of identification (for a list, please visit <https://dos.ny.gov/electronic-fingerprinting>), 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 fingerprinting process again.

## Fingerprint fees:

All fees for fingerprinting are payable to IDEMIA.

- Division of Criminal Justice Services (DCJS) fee: \$75.00
- Applicable Fingerprint Vendor fee (Subject to change in January and July of each year) See "e-Fingerprinting" link on our website at <https://dos.ny.gov/electronic-fingerprinting>

## Acceptable forms of payment:

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

**Note:** *fingerprint fees are in addition to application fees.*

# Private Investigator, Bail Enforcement Agent, Watch, Guard or Patrol Agency Application

## ADDITIONAL REQUIREMENTS:

**Employees of Bail Enforcement Agencies who are engaged in the apprehension of individuals are required to be registered as security guards.**

If the individuals are also engaged in activities defined as security guard in Article 7-A (§89-g).

### Employer Information:

If you are employing security guards, you must separately register those guards by submission of a security guard application. For **ALL OTHER STAFF**, you must complete and submit a Support Staff/Employee Statement along with proof of fingerprint completion.

### Child Support Statement:

If you are applying as an individual (i.e., sole proprietor), 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.

## 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.

### Addresses:

All applicants must list the address where they will be conducting business. The exclusive use of a post office box number as a business address is prohibited.

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 license.

### Additional License Restrictions:

License law prohibits the holding of more than one private investigator license. A person cannot be licensed as both a private investigator and a watch, guard or patrol agency. However, a person may have more than one watch, guard or patrol agency license as long as they are not licensed as a private investigator.

## 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).

**FOR OFFICE USE ONLY**

UNIQUE ID: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ CASH NUMBER: \_\_\_\_\_ FEE: \_\_\_\_\_

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**Department of State**  
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**Private Investigator, Bail Enforcement Agent, Watch, Guard or Patrol Agency Application**

**INSTRUCTIONS:** Forms must be completed in blue or black ink. Incomplete forms will not be processed. Please refer to pages 1 – 4 for further instructions on completing this form.

**APPLICANT INFORMATION SECTION**

**APPLICATION AS** (Check only ONE): ☐ **Private Investigator** ☐ **Bail Enforcement Agent** ☐ **Watch, Guard or Patrol Agency**

**I AM APPLYING FOR A LICENSE AS** ☐ Individual ☐ Partnership ☐ Trade Name ☐ Corporation ☐ Limited Liability Company  
(Check only ONE): ☐ Limited Liability Partnership ☐ Limited Partnership

**APPLICANT'S NAME**

LAST NAME	FIRST NAME	MIDDLE INITIAL	NAME SUFFIX (E.G., Sr./Jr./III)
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**RESIDENCE ADDRESS**

STREET ADDRESS (Required) – P.O. Box may be added to ensure delivery	APT/UNIT/PO BOX	COUNTY
CITY	STATE	ZIP+4

To add a new principal or officer to an existing license, check the box below and provide the UID# in the space provided.

☐ I am applying as an additional principal or officer on an existing company.

UID# \_\_\_\_\_ (Application must include an approval letter signed by at least one existing principal or officer).

Do you employ Security Guards?

☐ **Yes.** You must provide proof of liability coverage in the minimum amount of \$100,000 per occurrence and \$300,000 in the aggregate and a statement that the coverage includes false arrest, false imprisonment, malicious prosecution, libel, slander and violation of the right to privacy.

☐ **No.** If you employ security guards in the future, you must first obtain and provide proof of liability coverage in the minimum amount of \$100,000 per occurrence and \$300,000 in the aggregate and a statement that the coverage includes false arrest, false imprisonment, malicious prosecution, libel, slander and violation of the right to privacy.

**CORPORATION NAME**  
(if applicable)

**NAME UNDER WHICH YOU  
WILL BE DOING BUSINESS**

**PRINCIPAL OFFICE ADDRESS**

STREET ADDRESS (Required)	APT/UNIT/PO BOX	COUNTY
CITY	STATE	ZIP+4

DAYTIME TELEPHONE NUMBER (Optional – If problem with application)

FAX NUMBER (If any)

EMAIL ADDRESS (If any)

SOCIAL SECURITY NUMBER (See Instructions – Privacy Notification)

FEDERAL TAXPAYER ID (See Instructions – Privacy Notification)

OFFICERS OR PRINCIPALS	NAME	TITLE
	NAME	TITLE
	NAME	TITLE
	NAME	TITLE
	NAME	TITLE
	NAME	TITLE

# Private Investigator, Bail Enforcement Agent, Watch, Guard or Patrol Agency Application

## BACKGROUND QUESTIONS

1. What is your date of birth? \_\_\_\_\_
2. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony? ☐ YES ☐ NO  
→**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.
3. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? ☐ YES ☐ NO  
→**IF “YES”**, you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint)
4. Has any license, permit, commission, registration or application for a license, permit, commission or registration held by or submitted by you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied by an state, territory or governmental jurisdiction or foreign country for any reason? ☐ YES ☐ NO  
→**IF “YES”**, you must submit all relevant documents, including the agency determination, if any.
5. Have you ever applied for a Private Investigator, Bail Enforcement Agent or Watch, Guard or Patrol Agency license prior to this application? ☐ YES ☐ NO  
→**IF “YES”**, please provide the UID # or Reg. #. \_\_\_\_\_
6. I am applying **as a principal** (i.e., corporate officer, stockholder holding 10 percent or more of the corporation stock, partner, or partner or manager of a limited liability company or a limited liability partnership.) **who meets the qualifying experience** requirement. ☐ YES ☐ NO
7. I am applying **as a nonqualifier** (i.e., corporate officer, stockholder holding 10 percent or more of the corporation stock, partner, or partner or manager of a limited liability company or a limited liability partnership.) ☐ YES ☐ NO  
→**IF “YES”**, complete item 8 below and then skip Experience section on next page; complete all other items as instructed.

## RESIDENCE HISTORY (ALL APPLICANTS)

8. Enter below a complete record of your residence(s) during the last 3 years (attach a separate sheet if necessary).  
**Please type or print clearly.**

**DATES:**

**ADDRESS:**

FROM \_\_\_\_\_ TO \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

# Private Investigator, Bail Enforcement Agent, Watch, Guard or Patrol Agency Application

## EXPERIENCE (Qualifying Applicants ONLY)

### Experience and Occupation

Enter below a complete record of your occupation(s) during the time period during which your qualifying experience is claimed. All requested information must be provided (attach additional sheets if necessary).

COMPANY NAME AND UID IF APPLICABLE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

BUSINESS PHONE (include area code) \_\_\_\_\_

SPECIFIC EMPLOYMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

☐

FULL-TIME (35+ HRS/WEEK)

☐

PART-TIME/AVERAGE HOURS PER WEEK \_\_\_\_\_

POSITION(S)/OFFICE TITLE(S): \_\_\_\_\_

Please List Qualifying Primary, Specific Job Duties: \_\_\_\_\_

### Employer Experience Verification

To be completed by company Owner/Officer/Human Resources Department or in the case of a Government agency, the person in charge of that Division, verifying the above claimed experience including job duties, hours worked and dates of employment. If you are not able to obtain employer verification, please have below section "Experience Verification Other Than Employer" completed.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DAYTIME PHONE NUMBER WITH AREA CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

I affirm under penalty of perjury that I have verified the above claimed experience provided by the applicant and attest that it is true and correct to the best of my knowledge and belief.

SIGNATURE \_\_\_\_\_

### Experience Verification Other Than Employer

To be completed by at least three people, not related by blood or marriage, having direct knowledge of your claimed experience. Provide proof evidencing claimed experience for the period above. Proof may include W-2's, 1099's or other credible information.

We, the undersigned, affirm under penalty of perjury that we have verified the above claimed experience provided by the applicant is true and correct to the best of our knowledge and belief.

NAME \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

DAYTIME PHONE NUMBER WITH AREA CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

DAYTIME PHONE NUMBER WITH AREA CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

DAYTIME PHONE NUMBER WITH AREA CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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# Private Investigator, Bail Enforcement Agent, Watch, Guard or Patrol Agency Application

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## CHILD SUPPORT STATEMENT (SOLE PROPRIETORS ONLY)

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9. **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.

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## APPLICANT AFFIRMATION (All Applicants)

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10. I affirm that I have read and understand the provisions of Article 6D, 7 and 7-A of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). 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.

X \_\_\_\_\_  
*Applicant's Signature* *Date*

Print Name: \_\_\_\_\_

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## DMV Consent Section – IMPORTANT INFORMATION Regarding your Photo ID

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11. The Department of State produces photo ID cards in cooperation with the NYS Department of Motor Vehicles (DMV). If you have a current NYS Driver License or Non-Driver ID card, please provide your 9-digit DMV ID Number in the space provided below. Then read the informed consent and sign this form. If you do not have a current NYS photo Driver License or Non-Driver ID card, please have your photo taken at any nearby DMV office BEFORE you complete this application. For more details, refer to our notice, "Request for Photo ID".

**INFORMED CONSENT:** I authorize the NYS Department of State and the NYS Department of Motor Vehicles (DMV) to produce an ID card bearing my DMV photo. I understand that DMV will send this card to the address I maintain with the Department of State. I also understand that the Department of State and DMV will use my DMV photo to produce all my subsequent ID cards for as long as I maintain my license/registration with the Department of State.

DMV ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

X \_\_\_\_\_  
*Applicant's Signature* *Date Signed*



# Private Investigator, Bail Enforcement Agent, Watch, Guard or Patrol Agency Application

## CHARACTER WITNESSES (All Applicants)

12. The law requires five individuals who reside where you reside or where you plan to conduct business sign the following certification:

We, the undersigned, do subscribe and affirm that we are citizens of the United States and reside where the applicant resides or where the applicant conducts or intends to conduct his/her place of business as a private investigator, bail enforcement agent or as a watch, guard or patrol agency. Our business and residence addresses are shown following our names.

We, further subscribe and affirm that each of us has personally known the applicant at least five years; we have read the foregoing application for licensure as a private investigator, bail enforcement agent or as a watch, guard or patrol agency and believe each of the statements made therein to be true; that the said applicant is a person of good character and is honest and competent to act as a private investigator, bail enforcement agent or watch, guard or patrol agency; that we recommend his/her application for said licensure be granted; and that we are not related to the applicant by blood or marriage.

We affirm, under the penalties of perjury, that the statements made above are true and correct to the best of our knowledge and belief.

WITNESS  
ONE

NAME

BUSINESS ADDRESS

DAYTIME TELEPHONE NUMBER (Include Area Code) RESIDENCE ADDRESS (CITY, STATE, ZIP+4)

X

Signature

Date

WITNESS  
TWO

NAME

BUSINESS ADDRESS

DAYTIME TELEPHONE NUMBER (Include Area Code) RESIDENCE ADDRESS (CITY, STATE, ZIP+4)

X

Signature

Date

WITNESS  
THREE

NAME

BUSINESS ADDRESS

DAYTIME TELEPHONE NUMBER (Include Area Code) RESIDENCE ADDRESS (CITY, STATE, ZIP+4)

X

Signature

Date

WITNESS  
FOUR

NAME

BUSINESS ADDRESS

DAYTIME TELEPHONE NUMBER (Include Area Code) RESIDENCE ADDRESS (CITY, STATE, ZIP+4)

X

Signature

Date

WITNESS  
FIVE

NAME

BUSINESS ADDRESS

DAYTIME TELEPHONE NUMBER (Include Area Code) RESIDENCE ADDRESS (CITY, STATE, ZIP+4)

X

Signature

Date



# 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