



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
Security Guard  
P.O. BOX 22052  
Albany, NY 12201-2052  
Customer Service: (518) 474- 7569  
<https://dos.ny.gov>

## Proprietary Security Guard Employer

*Please take the time to read the instructions in this package carefully before beginning the application form.*

### When would I be required to submit a Proprietary Security Guard Employer form?

Any private or public entity employing individuals, other than peace and police officers, to perform security services is regulated by the New York State Department of State.

### Do Security Guards employed by proprietary entities need to register and complete training?

Yes. Although proprietary employers of security guards are exempt from the business licensing requirement, they are still considered to be Security Guard Companies under the law. As such, they are required to employ registered security guards and provide proof of self-insurance or liability insurance coverage. A proprietary employer must designate a Security Guard Coordinator to provide the Department of State with the necessary information.

### What is a Security Guard?

A Security Guard is defined as: Any individual who is employed to principally perform any or all of the following duties, and the person is not performing the functions of a private investigator as defined in Section 71 of Article 7 of the General Business Law.

- **Prevention**, protecting persons and/or property from harm, theft, and/or unlawful activity, including response to a security system alarm; or
- **Deterrence**, such category shall include: deterring, observing, detecting and reporting unlawful or unauthorized activity; or
- **Control**, controlling, by street or other patrol service, access to property, including employee personnel, visitors, vehicles and traffic; or
- **Enforcement**, enforcing security policies, rules, regulations, and procedures; or
- **Any individual** who is employed to perform any or all of the above duties, irrespective of whether such duties constitute a principal part of such individual's employment, with the condition of such employment being that s/he is armed with a weapon.

"Security Guards" do not include doorman, superintendent, handyperson, porter, elevator operator, private investigator, proprietary investigator, telephone operator, lifeguard, school

crossing guard, receptionist, clerical person, resident advisor or assistant, parking lot attendant or assistant, fire safety director or fire inspector, fireguard, environmental safety person, or any other title which shall not require such person, to perform any or all of the

above functions more than 50% of the person's regularly scheduled work hours.

### Do I need to have insurance?

Yes. Section 89-g sub. 6 of Article 7A requires the filing of a certificate of insurance evidencing comprehensive general liability coverage in the minimum amount of \$100,000 per occurrence and \$300,000 in the aggregate.

### What are the fees?

No fee is required to file this application. However, the appropriate fee must accompany each security guard application filed with the Department of State.

### 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](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).



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## Proprietary Security Guard Employer

LICENSE FEE  
EXEMPT

### BUSINESS INFORMATION

Please PRINT CLEARLY in blue or black INK using ALL CAPITAL LETTERS. Example:

A	B	C	1	2	3
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Federal Taxpayer ID:  -

(See instructions - Privacy Notification)

Business Name:

DBA Name (IF APPLICABLE):

STREET ADDRESS (Required – PO Box may be added below to ensure delivery)

Business Address:

APT/UNIT/PO BOX

CITY

STATE  ZIP-CODE  - ZIP + 4

COUNTY

PHONE NUMBER (Including Area Code)  -

FAX NUMBER – IF ANY (Including Area Code)  -

E-MAIL ADDRESS – IF ANY

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. I have attached proof of self-insurance or liability insurance coverage .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have attached the certificate of insurance evidencing comprehensive general liability coverage in the minimum amount of \$100,000 per occurrence and \$300,000 in the aggregate ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Coordinator's Name LAST NAME

FIRST NAME

MIDDLE NAME

NAME SUFFIX  (e.g., Sr/Jr/III)

Entities exempt from licensing requirement of Article 7 must comply with all other sections of Article 7A and all rules and regulations promulgated thereof.

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

Below: Please enter any Unique Identification Number(s) previously assigned to the business by the Division of Licensing Services:

Applicant please initial in box

# 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