



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>

Security Guard Change of Status

INSTRUCTIONS:

- Please print the required information as requested.
- To change your status from an *unarmed* security guard to an *armed* security guard, you must submit this form along with a certificate showing completion of a 47-hour firearms course.
- You must return your current security guard ID card.
- In addition armed security guards must complete an 8-hour annual firearms course. This course must be completed **within one calendar year** of completion of the 47-hour firearms course, and **every year thereafter**.
- For purposes of registration, **certain full time peace officers with more than 18 months of service may be granted a training waiver** if completion of training that meets or exceeds the minimum standards of the 8-hour pre-assignment, 16 hour OJT and/or 47-hour firearms courses can be demonstrated. **To request a waiver from the NYS Division of Criminal Justice Services (DCJS), Security Guard Program complete the training waiver application here: <http://www.criminaljustice.ny.gov/ops/docs/index.htm#forms>. If approved, DCJS will send you a waiver letter to submit with your application to the Department of State.**
- **Former Police Officers and certain peace officers are eligible for an exemption. Exempt individuals apply directly to Department of State. An exempt/waiver matrix can be found here: <http://www.criminaljustice.ny.gov/ops/sgtraining/index.htm>.**
- Mail this form, along with the fee and any required documentation to the above address. You may pay by check or money order made payable to the Department of State or charge any fee to MasterCard or Visa, using a credit card authorization form. Do not send cash. A \$20 fee will be charged for any check returned by your bank.

FEE DUE: \$25**

UID NUMBER

NAME ON LICENSE

HOME STREET ADDRESS (NO. AND STREET)

APT/UNIT/PO BOX

CITY

STATE

ZIP+4

SOCIAL SECURITY NUMBER

X

Signature

Date

Print Name: _____