

New York State Division of Criminal Justice Services
**SECURITY GUARD PROGRAM - FORMS REQUEST FOR
 PART I & PART II OPTICAL MARK READER FORMS (BUBBLE SHEETS)**

SECTION I – TRAINING SCHOOL INFORMATION

School Director Name		Request Date	Telephone Number (area code first)
School Name			School Code
Address			Room/Suite
City, State, Postal Code			School Expiration Date
Telephone Number (area code first)	Email Address		
Shipping Company (A valid account with a shipping company is required for shipment of program forms)		Account Number	
Shipping Address (if different from above)			Room/Suite
Shipping City, State, Postal Code (if different from above)			

(Pursuant to Training Bulletin #699-1-08, DCJS is no longer able to incur shipping costs for the mailing of these forms. **PLEASE PROVIDE A PRE-PAID LABEL FROM YOUR VALID SHIPPING ACCOUNT.**)

SECTION II – FORMS REQUEST

Forms	Quantity	DCJS USE ONLY
Part I Instructor (Red) Forms (25/pack)		
Part II Student (Orange) Forms (50/pack)		

FAX REQUEST & SHIPPING LABEL TO: (518) 485-7639 - Attention Security Guard Program

-OR-

EMAIL REQUEST FORM & SHIPPING LABEL TO: dcjsopssecurityguard@dcjs.ny.gov

-OR-

MAIL REQUEST & SHIPPING LABEL TO:

NYS Division of Criminal Justice Services
 OPS - Security Guard Program, 3rd Floor
 80 South Swan Street
 Albany, NY 12210

QUESTIONS

If you have any questions regarding this form, call (518) 457-2667 for assistance.

DCJS USE ONLY:
