

New York State Division of Criminal Justice Services
POLICE OFFICER REGISTRY ENTRY FORM - CERTIFICATION OF INITIAL EMPLOYMENT
(Executive Law § 845)

THIS FORM IS USED TO REGISTER A POLICE OFFICER WITH THE DIVISION OF CRIMINAL JUSTICE SERVICES. **USE THIS FORM FOR ALL INITIAL APPOINTMENTS AND TRANSFERS.** FORMS PRESENTED FOR FILING MUST CONTAIN ORIGINAL SIGNATURES. ALTHOUGH THE BLANK FORM MAY BE DUPLICATED, PHOTOCOPIES OF COMPLETED FORMS, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED.

Pursuant to Executive Law §845, police officer employers are required to register police officers with the Division of Criminal Justice Services (DCJS). DCJS uses the police registry to determine an individual's eligibility to receive a police training certificate, and for other lawful purposes. DCJS reserves the right to require further documentation as necessary to properly classify a registrant. The information provided may be added to the registry and made available pursuant to law.

SECTION I: REGISTRANT INFORMATION

This section must be completed by the police officer registrant. Only individuals appointed to positions defined in Criminal Procedure Law §1.20(34) are eligible for registration.

If you were previously employed as a police officer in the State of New York, please circle "Yes" then proceed with completing the remainder of Section I. Officers previously employed as police officers in the State of New York who possess a **valid** certificate of completion for a Municipal Police Training Council approved Basic Course for Police Officers are not required by law or regulation to repeat police basic training. Validity of a certificate of completion is governed by General Municipal Law §209-q. This does not preclude an employer from requiring any appointee to attend police basic training.

Type or print legibly, the registrant's last name, first name, middle initial, date of birth, gender and Social Security Number. Enter the home mailing address, county of residence, home street address (if different) of the registrant. Temporary addresses are not acceptable. If the registrant is temporarily living away from home (e.g. enrolled at a college or university, on military assignment, etc.) **DO NOT** list the temporary address. Enter the registrant's city/state/country of birth (if other than U.S.). Registrants not born in the United States **MUST** include a certified copy of one of the following: (1) naturalization papers; (2) Department of State Birth certificate; or (3) currently valid United States Passport. Carefully read the certification. Sign and date in the area provided. Incomplete submissions will not be processed.

Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary, and refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.

SECTION II: AGENCY INFORMATION

Unless a written agreement is on file with DCJS, this section must be completed by the Chief Law Enforcement Officer (Chief, Sheriff, Director) of the appointing authority. The Executive Law mandates that all police officers must be registered with the Division of Criminal Justice Services. The information in Section II identifies the law enforcement agency with which the registrant is a police officer.

Type, or print legibly, the chief law enforcement officer's last name, first name, middle initial and title. Enter the name, telephone number (including area code) and address of the law enforcement agency. Indicate whether the appointment is full-time or part-time, whether background and residency checks were conducted, and if fingerprints were submitted to DCJS. Carefully read the certification. Sign and date in the area provided. All the information in Section II is required. When signing this section, the CEO is verifying their responsibility to

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provide the registrant with the requisite basic training pursuant to General Municipal Law §209-q. Incomplete submissions will not be processed.

SECTION III: CIVIL SERVICE INFORMATION

The appropriate civil service commission officer must complete this section for all registrants, both full and part time. Civil Service Law mandates that the appointment of officers to the police force of a police department or police district must meet certain requirements. The information in Section III describes the registrant's appointment.

Type or print legibly, the civil service officer's last name, first name, middle initial and title. Enter the name, telephone number (including area code) and address of the civil service commission. Enter the job title and civil service classification of the person named in Section I. This should be the specific title/classification to which the registrant was appointed and that appears on the agency payroll. Carefully read the certification. Sign and date in the area provided. The information in Section III is required. Incomplete submissions will not be processed.

SECTION IV: OATH OF OFFICE

This section must be completed by the appropriate registrar/recorder of oaths of office. The Public Officers' Law mandates that every officer take and file an oath of office. The Information in Section IV indicates the date the oath was taken by the registrant, the place of filing, and title of the office.

Type or print legibly, the registrar/recording officer's last name, first name, middle initial and title. Enter the name, telephone number (including area code) and address of the registrar's/recorder's office. Enter the date the person named in Section I took and filed the oath of office for the position to which he or she was appointed with the agency named in Section II. Indicate the title of the office to which the registrant was sworn (e.g. police officer, deputy sheriff, etc). The oath of office date is the date recorded by DCJS as the appointment date of the officer. Carefully read the certification. Sign and date in the area provided. The information in Section IV is required. Incomplete submissions will not be processed.

MAILING INSTRUCTIONS

Mail completed forms to:

NYS Division of Criminal Justice Services
Alfred E. Smith State Office Building
Office of Public Safety – Records Unit
80 South Swan St., 3rd Floor
Albany, NY 12210

QUESTIONS

If you have any questions regarding this form, call (518) 485-1092 for assistance.

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SECTION I – REGISTRANT INFORMATION (To be completed by the registrant)

Were you previously a police officer in NYS? Yes No Police Officer as defined by NYS Criminal Procedure Law §1.20.	Last Name	First Name	MI	Date of Birth	Gender M F	Social Security Number*
	Home Residence Mailing Address			City, State, Zip		County of Home Residence
	Home Residence Street Address (if Different)		City, State, Zip		City, State, Country of birth (if other than U.S.)	
I am the person named above. I understand that the information in Section I is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.						
Signature						Date

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SECTION II – AGENCY INFORMATION (To be completed by the chief law enforcement officer)

Last Name	First Name	MI	Title of Person Signing Section II
Name of Law Enforcement Agency			Telephone
Address		City, State, ZIP	
Type of Appointment Full-time Part-time	Background Check Conducted Yes No	Residency Verified Yes No	Fingerprints submitted to DCJS Yes No
I am the chief law enforcement officer responsible for appointing the person named in Section I as a police officer of the above named law enforcement agency. I understand that the information in Section II is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief. I understand I am responsible for providing the registrant with the requisite training pursuant to §209-q of the General Municipal Law.			
Signature			Date

SECTION III – CIVIL SERVICE INFORMATION (To be completed by the civil service officer for all registrants Full or Part-time)

Last Name	First Name	MI	Title of Person Signing Section III
Name of Civil Service or Personnel Agency			Telephone
Address		City, State, ZIP	
Title and Civil Service Classification of the Registrant			
I am the civil service officer responsible for certifying the appointment of individuals appearing on the payroll of the law enforcement agency named in Section II. I understand that the information in Section III is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.			
Signature			Date

SECTION IV – OATH OF OFFICE (To be completed by the registrar responsible for recording oaths of office)

Last Name	First Name	MI	Title of Person Signing Section IV
Name of Recording Office			Telephone
Address		City, State, ZIP	
Oath of Office Date	Oath of Office Title of the Registrant		
I am the officer responsible for recording the oaths of office of individuals appointed as police officers of the law enforcement agency named in Section II. The person named in Section I has filed an oath of office as a police officer, pursuant to an appointment received from the person named in Section II. I understand that the information in Section IV is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.			
Signature			Date