

New York State Division of Criminal Justice Services
POLICE OFFICER REGISTRY UPDATE FORM
 (Executive Law § 845)

1. Agency Name:	2. Agency Address:	3. City/State/ZIP	4. Agency Code:
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5. Form Prepared By:	6. Title:	7. Telephone:	8. Email Address:
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Form Instructions: This form must be typed or printed in ink and be signed by the Chief Law Enforcement Officer. It is used to delete or modify existing registry information. To add new personnel, please use the **Police Registry Entry Form / Certification of Initial Employment (DCJS 2214-A)**.

EFFECTIVE OCTOBER 26, 2016, TO DELETE AN OFFICER NO LONGER APPOINTED BY YOUR AGENCY YOU MUST PROVIDE THE REASON FOR DELETION. ANY OFFICER DELETED DUE TO (4) REMOVAL FOR CAUSE AS DEFINED IN 9 NYCRR PART 6056.2(g) OR (5) REMOVAL FOR CAUSE AS DEFINED IN 9 NYCRR PART 6056.2(h) SHALL IMMEDIATELY HAVE THEIR BASIC TRAINING CERTIFICATE INVALIDATED PURSUANT TO GENERAL MUNICIPAL LAW §209-q. ANY FORM THAT DOES NOT INCLUDE THE REASON FOR DELETION SHALL BE RETURNED TO THE REPORTING AGENCY WITHOUT BEING PROCESSED.

Mail completed forms to: **NYS Division of Criminal Justice Services
 Office of Public Safety – Records Unit
 80 South Swan St., 3rd Floor
 Albany, NY 12210**

9. Transaction Code	Enter "D" to delete an officer no longer appointed, "M" to modify the information of existing personnel. Circle the information to be modified. Enter one of the following: (1) Leave of Absence** (2) Resignation (3) Removal (4) Removal for Cause as defined in 9 NYCRR Part 6056.2(g) (5) Removal for Cause as defined in 9 NYCRR Part 6056.2(h) Enter the officer's Social Security Number. The identifier is not mandatory; however the accuracy of training records cannot be assured without it. Enter the effective date of the deletion or modification. Enter "F" Full-time or "P" Part-time. Enter the agency rank and/or title.
10. Reason for Deletion	
12. Social Security Number	
14. Change Date	
15. Work Status	
16. Rank or Title	

9. Transaction Code	10. Reason For Deletion (Required)	11. Last Name, First Name, MI	12. Social Security Number*	13. Date of Birth (mm/dd/yy)	14. Change Date	15. Work Status P/F	16. Rank or Title

I am the chief law enforcement officer responsible for appointing the persons named as police officers of the above named law enforcement agency. I understand that I am responsible to report employment transactions, pursuant to §845 of the Executive Law. I understand I am responsible to provide each police officer the required training, pursuant to §209-q of the General Municipal Law. I understand the information contained in this document 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.

17. Chief Law Enforcement Officer Name - Printed	18. Chief Law Enforcement Officer Signature	19. Date
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*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. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.

** Leave of absence includes only those situations in which an employee is considered by the department to be separated from employment. Leave of absence for purposes of 9 NYCRR Part 6056.4(c)(1) does not include situations such as maternity leave, military leave or other circumstances where the employee is still considered by the department to be employed.