NEW YORK STATE | Division of Criminal Justice Services

Security Guard Training School Class Sign-In Sheet

School Name:_____   School Code:_____ Date of Training:_____

Instructor Name:_____   Instructor Signature:_____   Date:_____

Course Type (check one)

- ○ 8 Hour Pre-Assignment
- ○ 16 Hour On the Job Training
- ○ 8 Hour Annual In-Service
- ○ 47 Hour Initial Firearms Course
- ○ 8 Hour Annual Firearms Course

*Print legibly. **All students must appear on sign in sheet to receive credit.**

Strike out students who fail to complete course with single line and note DNC.

First Name	Last Name	DOB	Last 4 of SSN	Phone Number	Student Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

First Name	Last Name	DOB	Last 4 of SSN	Phone Number	Student Signature
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					

First Name	Last Name	DOB	Last 4 of SSN	Phone Number	Student Signature
29.					
30.					
31.					
32.					
33.					
34.					
35.					