

New York State Education Department Bureau of Proprietary School Supervision	Application for Transfer of a License When 24% or Less of School Transferred BPSS-3 (3/16)
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<i>Applicant Instructions</i> ◆ Please TYPE all information.	For Office Use Only School ID/ Lic. Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Institution ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																										

MAIL TO: NY State Education Department
Bureau of Proprietary School Supervision
89 Washington Avenue, EBA 560
Albany, NY 12234

NOTE: Filing an application to conduct a private school does not grant authority to offer instruction in New York State. Instruction can only be legally offered after the application is completed and a license is issued. Separate approval is required for each curriculum. A financial statement must accompany this application as well as other required documents as identified in the instructions.

1. School District Name:	2. Federal ID Number																		
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3. School Name

4. School Address
Street Address:

<i>City</i> <i>State</i> <i>Zip</i>	5. Is School Handicapped Accessible? <input type="checkbox"/> yes <input type="checkbox"/> no
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6. Director's Name	7. Telephone E-mail Address ()
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8. Contact Person: <i>Last Name</i>	<i>First Name</i>
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Street Address

<i>City</i> <i>State</i> <i>Zip</i>	9. Telephone E-mail Address ()
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10. Type of New Ownership of School (check one)	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Not For Profit Corporation
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11. Name of Owner or Corporation	Date of Birth (sole proprietor only)
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Street Address

<i>City</i>	<i>State</i>	<i>Zip</i>
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12. Present License Number	13. Expiration Date	14. Annual Gross Tuition																																						
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15. Name of Accrediting Agency (if applicable)

	Received <i>(Office Use Only)</i>
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16. If Partnership or Corporation, complete the following: <i>Officers, Partners, or Principal Stockholders of New Partnership or Corporation</i>		
Name		Social Security Number
Title	Date of Birth	Number of Shares/ Percent Ownership
Home Address		Telephone ()
17. Have you ever been affiliated with or owned another proprietary school?		<input type="checkbox"/> yes <input type="checkbox"/> no
If YES, please provide full details attached to this form, including any fiscal disallowances, fines, denial of license, or any disciplinary action against you or the school by any local, State, or Federal authorities.		
Name		Social Security Number
Title	Date of Birth	Number of Shares/ Percent Ownership
Home Address		Telephone ()
18. Have you ever been affiliated with or owned another proprietary school?		<input type="checkbox"/> yes <input type="checkbox"/> no
If YES, please provide full details attached to this form, including any fiscal disallowances, fines, denial of license, or any disciplinary action against you or the school by any local, State, or Federal authorities.		
Name		Social Security Number
Title	Date of Birth	Number of Shares/ Percent Ownership
Home Address		Telephone ()
19. Have you ever been affiliated with or owned another proprietary school?		<input type="checkbox"/> yes <input type="checkbox"/> no
If YES, please provide full details attached to this form, including any fiscal disallowances, fines, denial of license, or any disciplinary action against you or the school by any local, State, or Federal authorities.		
Name		Social Security Number
Title	Date of Birth	Number of Shares/ Percent Ownership
Home Address		Telephone ()
20. Have you ever been affiliated with or owned another proprietary school?		<input type="checkbox"/> yes <input type="checkbox"/> no
If YES, please provide full details attached to this form, including any fiscal disallowances, fines, denial of license, or any disciplinary action against you or the school by any local, State, or Federal authorities.		
Name		Social Security Number
Title	Date of Birth	Number of Shares/ Percent Ownership
Home Address		Telephone ()
21. Have you ever been affiliated with or owned another proprietary school?		<input type="checkbox"/> yes <input type="checkbox"/> no
If YES, please provide full details attached to this form, including any fiscal disallowances, fines, denial of license, or any disciplinary action against you or the school by any local, State, or Federal authorities.		

If you need additional space, attach additional sheets.

22. Disclosure for Licensure

- (a) Have you, or any corporation, partnership, association or organization, or person holding an ownership or control interest in this school, or any employee responsible in a supervisory capacity for the administration of student funds or government funds, been convicted of a crime involving the operation of any educational or training program, or, in connection with the operation of any such program, a crime involving the unlawful acquisition, use, payment or expenditure of educational or training program funds? Yes No
- (b) Have you, or any corporation, partnership, association or organization, or person holding an ownership or control interest in this school, or any employee responsible in a supervisory capacity for the administration of student funds or government funds, been convicted in New York State of any of the following felonies defined in the penal law: bribery involving public servants; commercial bribery; perjury in the second degree; rewarding official misconduct; larceny, in connection with the provision of services or involving the theft of governmental funds; offering a false instrument for filing; falsifying business records; tampering with public records; criminal usury; scheming to defraud; or defrauding the government? Yes No
- (c) Have you, or any corporation, partnership, association or organization, or person holding an ownership or control interest in this school, or any employee responsible in a supervisory capacity for the administration of student funds or government funds, been convicted in any other jurisdiction of an offense which is substantially similar to any of the felonies defined above in statement (b) and for which a sentence to a term of imprisonment in excess of one year was authorized and is authorized in this state regardless of whether such sentence was imposed? Yes No
- (d) Have you, or any corporation, partnership, association or organization, or person holding an ownership or control interest in this school, or any employee responsible in a supervisory capacity for the administration of student funds or government funds, been finally determined in any administrative or civil proceeding to have committed a violation of any provision of the Education Law, or the Regulations of the Commissioner of Education, or any similar statute, rule, regulation, order, or determination of another jurisdiction pertaining to the licensure and operation of any educational or training program? Yes No
- (e) Have you owned or operated a school which closed or ceased operation? (If YES, answer (1) and (2) below.) Yes No
- (1) Were you subject to a pending disciplinary action, disallowance, fine or other penalty at the time of the closing? Yes No
- (2) Did the school owe refunds to any government agency or students at the time of closing? Yes No

If you answered "Yes" to any of the above, provide the specifics or an explanation for the response on a separate, attached sheet. A "Yes" answer to any of the above questions is not an automatic bar to the issuance of a license.

I hereby acknowledge that I have thoroughly read and understand the Education Law, sections 5001, 5002, 5003, 5004, 5005, 5006, 5007, 5008, 5009, 5010, 5011 and the Regulations of the Commissioner of Education, part 126, and do attest that I shall devote full time to the duties and responsibilities of operating the school, and will ensure that the school operates in accordance with the Education Law and the Regulations of the Commissioner of Education.

Signature of Director Date

I hereby acknowledge my awareness of all facets of this application and attest to the accuracy of the information both hereon and affixed.

Signature of Successor Owner/ President, Title Date

Affidavit

State of _____

County of _____

_____ ss

_____ being duly sworn, deposes and says (s)he is

the owner or part owner of the proposed _____ school; that this report has been prepared in accordance with instructions of the New York State Education Department and that the statements contained herein are true to the best of the signatory's knowledge.

Subscribed and sworn to me this _____ day of _____ , _____

Notary Public

Signature of Current Owner/ President, Title

Date

Affidavit

State of _____

County of _____

_____ ss

_____ being duly sworn, deposes and says (s)he is

the owner or part owner of the proposed _____
school; that this report has been prepared in accordance with instructions of the New York State Education
Department and that the statements contained herein are true to the best of the signatory's knowledge.

Subscribed and sworn to me this _____ day of _____ , _____

Notary Public