New York State Education Department Bureau of Proprietary School Supervision	Application for Transfer of a Certification to Operate an ESL School in New York State BPSS-4											
Applicant Instructions	For Office Use Only											
• Please TYPE all information.		School ID/ Certificate Number										
		SED CODI	£									
	•										Τ	
MAIL TO: New York State Education Department Bureau of Proprietary School Supervisi 89 Washington Avenue, EBA 560 Albany, NY 12234		I										
NOTE: Filing an application to operate an ESL 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 certification 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.								arate				
1. Check One:	2. S	chool Distrie	et Na	ame		3. F	federa	al ID	Num	ıber		
Certified ESL School												
4. School Name	<u> </u>					I						
5. School Address Street Address:												
City	State	StateZipG. Is School Handicapped Accessible?D yesD no										
7. Director's Name			8.	Tel	epho	ne			E-r	nail .	Addre	ess
9. Contact Person: La	Last Name First Name											
Street Address			I									
City State	Zip		10.	. Te	lepho	one		E-1	mail	Add	ress	
11. Type of New Ownership of School (check one) Proprieto	-	Partne	rship)		Corp	oratio	n			For P ation	rofit
		□ Other	· (Ex	xpla	in)							
12. Name of Owner or Entity					Ι	Date o	of Birt	th (so	le pr	opri	etor o	nly)
Street Address			-									
City	State	e Zip										
	Expirat Month	ion Date Day	Year		15	5. An	nual	Gross	s Tui	tion		

			Recei (<i>Office Us</i>					
17. If Partnership, Corporation, or LLC, c	. 0	<i>C</i> N ⁷						
Officers, Partners, Members, or Principal Stockholders of I Name			<i>FNew Partnership, Corporation, or LLC</i> Social Security Number					
Title			Number of Shored / Der	agent Oppendig				
				Number of Shares/ Percent Ownership				
Home Address			Telephone					
18. Have you ever been affiliated with or o	owned another ESL schoo	1?	□ yes	🗆 no				
If YES, please provide full details attac certification, or any disciplinary action agai								
······································								
Name		Social	Security Number					
Title	Date of Birth	Numb	nber of Shares/ Percent Ownership					
Home Address	Home Address		ione					
18. Have you ever been affiliated with or owned another ESL school			e 🗆 yes 🗆 no					
If YES, please provide full details attac certification, or any disciplinary action again								
Name		Social	Security Number					
			-					
Title	Date of Birth	Numb	er of Shares/ Percent Ov	wnership				
Home Address		Teleph	ione					
18. Have you ever been affiliated with or o	wned another ESL school	?	□ yes	🗆 no				
If YES, please provide full details attached to this form, including any fiscal disallowances, fines, denial of certification, or any disciplinary action against you or the school by any local, State, or Federal authorities.				· · · · · · · · · · · · · · · · · · ·				
certification, of any disciplinary action aga-	inst you of the school by t	iny loca	i, state, of i caefai autili	0111105				
Name		Social	Security Number					
Title	Date of Birth	Numb	er of Shares/ Percent Ov	wnership				
Home Address			Felephone					
18. Have you ever been affiliated with or owned another ESL school		?	□ yes	🗆 no				
If YES, please provide full details attached to this form, including any fiscal disallowances, fines, denial of certification, or any disciplinary action against you or the school by any local, State, or Federal authorities.								
Name		Social	Security Number					
			•					
Title	Date of Birth	Numb	er of Shares/ Percent Ov	wnersnip				
Home Address		Teleph	ione					

18. Have you ever been affiliated with or owned another ESL school?	□ yes	🗆 no
If YES, please provide full details attached to this form, including any certification, or any disciplinary action against you or the school by any local, S		, ,

*If you need additional space, attach additional sheets.

I hereby acknowledge that I have read and understand the Regulations of the Commissioner of Education set forth in 8 NYCRR Part 126.10(j) thereof, and those sections of Education Law §§ 5001 – 5010 and the Commissioner's Regulations set forth in 8 NYCRR Part 126 and made applicable by Part 126.10(j) to non-publicly funded ESL schools, 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	
I hereby acknowledge my awareness of hereon and affixed.	of all facets of this application and attest to the accu	racy of the information both
Signatu	re of Successor Owner/ President, Title	Date
Affidavit		
State of		
County of		
	SS	
	being duly sw	orn, deposes and says (s)he is
	sed pared in accordance with instructions of the New Yo contained herein are true to the best of the signatory	
Subscribed and sworn to me this	day of	
Notary Public		

_

Signature of Cur	Signature of Current Owner / President, Title		
Affidavit			
State of			
County of			
	SS		
		_ being duly sworn, deposes and says (s)he is	
the owner or part owner of the proposed	in accordance with instru		
Subscribed and sworn to me this	day of	,	
N. (D. L.P.			

Notary Public