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|  | <b>Received</b><br><i>(Office Use Only)</i> |
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**17. If Partnership, Corporation, or LLC, complete the following:**  
*Officers, Partners, Members, or Principal Stockholders of New Partnership, Corporation, or LLC*

|              |               |                                     |
|--------------|---------------|-------------------------------------|
| 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 ESL 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 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 | Number of Shares/ Percent Ownership |
| Home Address |               | Telephone                           |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 18. Have you ever been affiliated with or owned another ESL 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 certification, or any disciplinary action against you or the school by any local, State, or Federal authorities.

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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.

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|   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| <b>18. Have you ever been affiliated with or owned another ESL school?</b>  | <input type="checkbox"/> <b>yes</b> | <input type="checkbox"/> <b>no</b> |
| <b>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.</b> |                                     |                                    |

*\*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 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

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**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**