



New York State Division of Criminal Justice Services  
Office of Public Safety  
Alfred E. Smith Building  
80 South Swan Street, Albany, New York 12210

1033 PROGRAM ENROLLMENT APPLICATION

Law Enforcement Agency: \_\_\_\_\_  
Street Address (No P.O. Box) \_\_\_\_\_  
City \_\_\_\_\_ Zip +4 \_\_\_\_\_ County \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Jurisdiction Covers (Name(s) of County, City, Town Village) \_\_\_\_\_  
Square Miles \_\_\_\_\_ Population \_\_\_\_\_ Road Patrol ☐ Yes ☐ No  
Navigable Waterway(s) ☐ Yes ☐ No Name of Waterway(s) \_\_\_\_\_ Size \_\_\_\_\_  
Number of compensated sworn police officers Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

For categories below, list both the number of Full Time (FT) and Part Time (PT) compensated sworn officers:

Tactical Officers	FT _____	PT _____	Firearm Instructors	FT _____	PT _____
Scuba Officers	FT _____	PT _____	Marine Patrol Officers	FT _____	PT _____
Pilots	FT _____	PT _____	FAA Certified Mechanics	FT _____	PT _____
Narcotics Officers	FT _____	PT _____	Armorers	FT _____	PT _____

**Agency Chief Executive Officer Information**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Email \_\_\_\_\_  
Office # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

**Property Accountability Officer** *(Must be a compensated sworn officer)*

Name \_\_\_\_\_ Rank \_\_\_\_\_ Email \_\_\_\_\_  
Office # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

**Weapons Point of Contact** *(Must be a compensated full-time sworn officer)*

Name \_\_\_\_\_ Rank \_\_\_\_\_ Email \_\_\_\_\_  
Office # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

**Aircraft and Aircraft Parts Point of Contact** *(Must be a compensated full-time sworn officer or employee)*

Name \_\_\_\_\_ Rank \_\_\_\_\_ Email \_\_\_\_\_  
Office # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

**Authorized Screener** *(Must have a minimum of 2 screeners with a maximum of 4 and must be compensated sworn officers)*

**Screener 1**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Email \_\_\_\_\_  
Office # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

**Screener 2**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Email \_\_\_\_\_  
Office # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

**Screener 3**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Email \_\_\_\_\_  
Office # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

**Screener 4**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Email \_\_\_\_\_  
Office # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_  
CEO Print Name

\_\_\_\_\_  
CEO Signature

\_\_\_\_\_  
Date