

New York State Division of Criminal Justice Services  
**POLICE OFFICER REGISTRY UPDATE FORM**  
 (Executive Law § 845)

1. Agency Name:	2. Agency Address:	3. City/State/ZIP	4. Agency Code:
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5. Form Prepared By:	6. Title:	7. Telephone:	8. Email Address:
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**Form Instructions:** This form must be typed or printed in ink and be signed by the Chief Law Enforcement Officer. It is used to delete or modify existing registry information. To add new personnel, please use the **Police Registry Entry Form / Certification of Initial Employment (DCJS 2214-A)**. Mail completed forms to:

**NYS Division of Criminal Justice Services  
 Office of Public Safety – Records Unit  
 Alfred E. Smith State Office Building  
 80 South Swan St., 3rd Floor  
 Albany, NY 12210**

9. Transaction Code	Enter "D" to delete an officer no longer appointed, "M" to modify the information of existing personnel. Circle the information to be modified. Enter the officer's Social Security Number. The identifier is not mandatory; however the accuracy of training records cannot be assured without it. Enter the effective date of the deletion or modification. Enter "F" Full-time or "P" Part-time. Enter the agency rank and/or title.
11. Social Security Number	
14. Change Date	
15. Work Status	
16. Rank or Title	

9. Transaction Code	10. Last Name, First Name, MI	11. Social Security Number*	12. Date of Birth mm/dd/yy	13. Sex M/F	14. Change Date	15. Work Status P/F	16. Rank or Title

*I am the chief law enforcement officer responsible for appointing the persons named as police officers of the above named law enforcement agency. I understand that I am responsible to report employment transactions, pursuant to §845 of the Executive Law. I understand I am responsible to provide each police officer the required training, pursuant to §209-q of the General Municipal Law. I understand the information contained in this document is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.*

17. Chief Law Enforcement Officer Name - Printed	18. Chief Law Enforcement Officer Signature	19. Date
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\*Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.