

17. If Partnership or Corporation, complete the following: <i>Officers, Partners, or Principal Stockholders</i>		
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 ()
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.		
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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.		

If you need additional space, attach additional sheets.

19. Disclosure for Licensure

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|---|--------------------------|------------|--------------------------|-----------|
| <p>(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?</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>(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?</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>(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?</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>(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?</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>(e) Have you owned or operated a school which closed or ceased operation? (If YES, answer (1) and (2) below.)</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>(1) Were you subject to a pending disciplinary action, disallowance, fine or other penalty at the time of the closing?</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <p>(2) Did the school owe refunds to any government agency or students at the time of closing?</p> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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 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