

**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

◆ Please TYPE all information.

For Office Use Only

School ID/ Certificate
Number

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SED CODE

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**MAIL
TO:**



New York State Education Department
Bureau of Proprietary School Supervision
89 Washington Avenue, EBA 560
Albany, NY 12234

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.

1. Check One:

Certified ESL School

2. School District Name

3. Federal ID Number

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4. School Name

5. School Address

Street Address:

City

State

Zip

6. Is School Handicapped Accessible?

yes

no

7. Director's Name

8. Telephone

E-mail Address

9. Contact Person:

Last Name

First Name

Street Address

City

State

Zip

10. Telephone

E-mail Address

11. Type of New Ownership of School (check one)

Proprietorship

Partnership

Corporation

Not For Profit Corporation

LLC

Other (Explain)

12. Name of Owner or Entity

Date of Birth (sole proprietor only)

Street Address

City

State

Zip

13. Present Certification Number

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14. Expiration Date

Month Day Year

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15. Annual Gross Tuition

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16. Name of Accrediting Agency (if applicable)

	Received <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
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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.

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
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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.		

**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

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