Program Questions: Body Armor Professions Requests

Q_13205

Is the requestor seeking to have a profession or occupation that is not already included in the List of Eligible Professions that are allowed to purchase body armor?

Q_13206

Do the duties of the profession expose an individual engaged in such profession to serious physical injury that may be prevented or mitigated by the wearing of body armor?

Q_546

Organization Legal Name

Q_5416

Applicant First Name

Q_5417

Applicant Last Name

NYS Consolidated Funding Application 2024 Page 1 of 6

Applicant Street Address

Q_552

Applicant City

Q_553

Applicant State

Q_554

Applicant ZIP Code. (please use ZIP+4 if known)

Q_651

Applicant Telephone Number (please include area code)

Q_555

Applicant Email Address

Please attach any documentation from your employer in support of your request that your profession be added to the List of Eligible Professions.

Q_13217

Please provide documentation that demonstrates how you are engaged in the profession you are seeking to be added to the List of Eligible Professions. Additionally, any other attachments supporting your answers to Q_13211, Q_13212, or Q_13213 in the Questionnaire section may be added here.

Q_13221

Please provide your official job title.

Q_13222

What is the commonly used name of the profession you are seeking to be added to the List of Eligible Professions? (ex. Police Officer, Security Guard, etc.)

Q_13218

Is this profession currently on the list of those under review by the Department of State as shown on the Body Armor website?

• This is a conditional question. 1. If **Yes** is selected then **Q_13219** will be displayed

If yes, please provide the unique identifier code for this profession as listed on the DOS Body Armor Website.

• This is a conditional question based on the answer to <u>Q_13218</u>. This question displays when selecting the answer: "Yes"

Q_13215

Please identify which numerical Standard Occupational Classification (SOC) code pertains to your profession. (Example: 121234)

Q_13216

Is the requestor an individual that is self-employed in the profession sought to be added to the List of Eligible Professions?

Q_13207

Employer Address

Q_13208

Employer Name (Supervisor First, Last)

Employer Email Address (Supervisor)

Q_13209

Employer Phone Number (Supervisor)

Q_13213

Please describe in detail the official duties of the profession. (These are the mandatory duties associated with employment or engagement in the profession; please provide at least 3-4 sentences.)

Q_13211

Please describe in detail how the duties of the profession may expose an individual engaged in such profession to serious physical injury that may be prevented or mitigated by the wearing of body armor. (Please use illustrative examples and at least 3-4 sentences.)

Q_13212

If your profession is one that involves training or formal qualification, or a license issued by a federal, state, tribal or local government entity of the United States or territory thereof, please state the requirement(s) and identify any certification/license and issuing entity.

Prior to the change in body armor law on July 6, 2022, did individuals engaged in the profession, including yourself if applicable, utilize body armor?

- This is a conditional question.
 - 1. If Yes is selected then Q_13238 will be displayed

Q_13238

Please share what type of body armor is used as well as examples of situations in which body armor is worn

• This is a conditional question based on the answer to <u>**0**</u><u>13237</u>. This question displays when selecting the answer: "Yes"

Q_13220

By entering your name below and submitting this request, I hereby certify and affirm that the information and any attachments submitted herein are true and accurate to the best of my knowledge and belief. False statements are punishable as a crime pursuant to the New York State Penal Law.