**Name of Synagogue:**

**Full Physical Address & Telephone Number:**

**EIN:**

***Contact information for Rabbi***

Rabbi Name:

Rabbi Phone:

Rabbi Email:

**Liaison/Point of Contact**

*Each site must appoint a liaison/point of contact. It may be the Rabbi, or anyone he designates. However, it MAY NOT be a candidate for armed guard.*

Primary Contact Name:

Primary Contact Phone:

Primary Contact Email:

Approximate number of congregants/students:

**Does the institution currently have security personnel**? \_\_ Yes \_\_ No

\_\_ Volunteer members \_\_\_ Paid Service

\_\_\_ Armed \_\_\_\_ Unarmed

If Yes, list name of company providing security:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New York State requires any armed guard applicant to have some type of pistol permit. Do any potential candidates at your Synagogue hold a pistol permit?** \_\_\_\_YES \_\_\_NO

Additional information may be found on our website: [www.six13guard.com](http://www.six13guard.com)