



**New York State Chaplain Task Force  
 Credentialing Unit  
 405 RXR Plaza, Uniondale, NY 11556**



**SHIELD LICENSING AGREEMENT**

I, \_\_\_\_\_, being of a sound mind do hereby attest that I have been advised that the Badge/Shield licensed to me by New York State Chaplain Task Force, Inc. (NYSCTF) is the sole property of NYSCTF and must therefore be returned to NYSCTF immediately upon my termination or resignation from said organization. I also understand that if I fail to return the Badge/Shield, NYSCTF will have no other choice, but to file a report with State or City Law Enforcement Authorities. I understand that any misuse of the credentials given and/or licensed to me by New York State Chaplain Task Force, Inc., and/or any misrepresentation and/or wrongdoing of my own accord may lead to disciplinary actions, including, but not limited to, my dismissal from the organization and any of its affiliates, legal actions and criminal charges leading up to, and not excluding, incarceration.

**STATEMENT OF THE LICENSEE**

I fully understand, and agree with all of the above mentioned statement produced in writing in this document of licensing, and in doing so, I, being of a sound mind, and under my own accord, do hereby apply my name below, both in print and as a signature, along with today's date, and additional personal information.

\_\_\_\_\_  
 Signature Date

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\_\_\_\_\_  
 NYSCTF Authorized Signature Date