



## Instructions for Submitting an Acknowledgment of Noncompliance for Entities

Pursuant to 23 NYCRR § 500.17(b)(1)(ii)

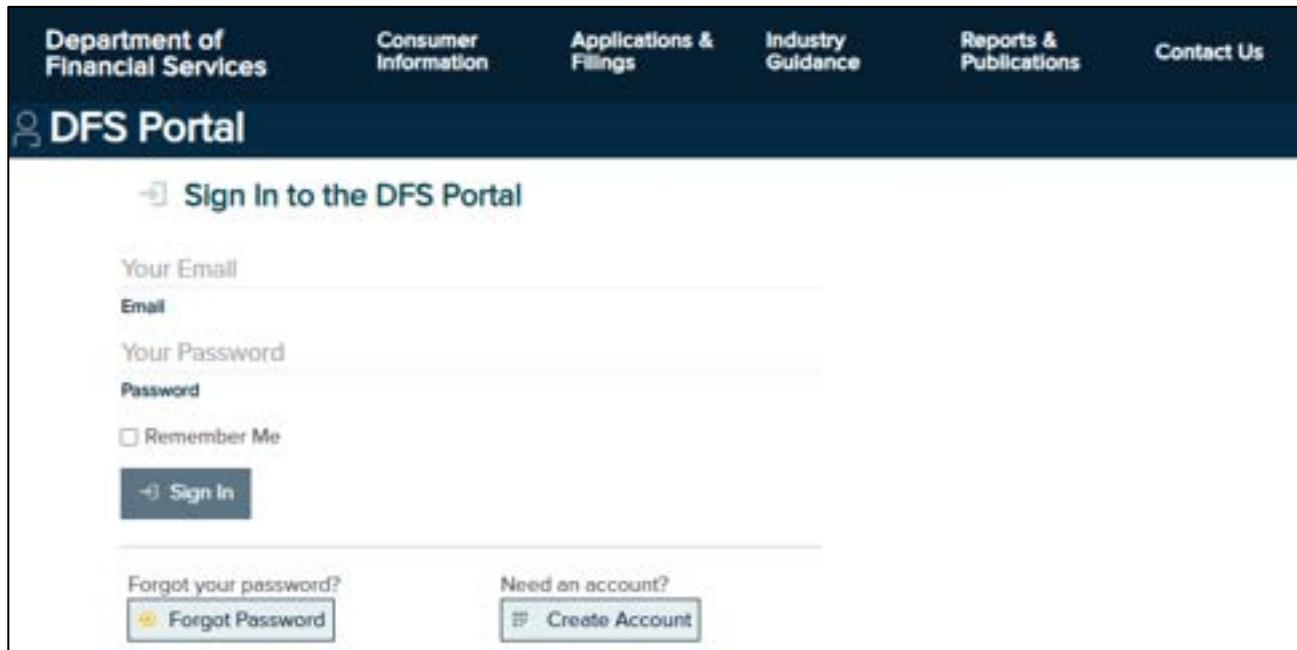
(as of February 25, 2025)

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### Step 1: Sign into the DFS Portal.

Visit the DFS Portal online at [myportal.dfs.ny.gov](http://myportal.dfs.ny.gov) or use the yellow “DFS Portal” button at the top right corner of any page on the DFS website.

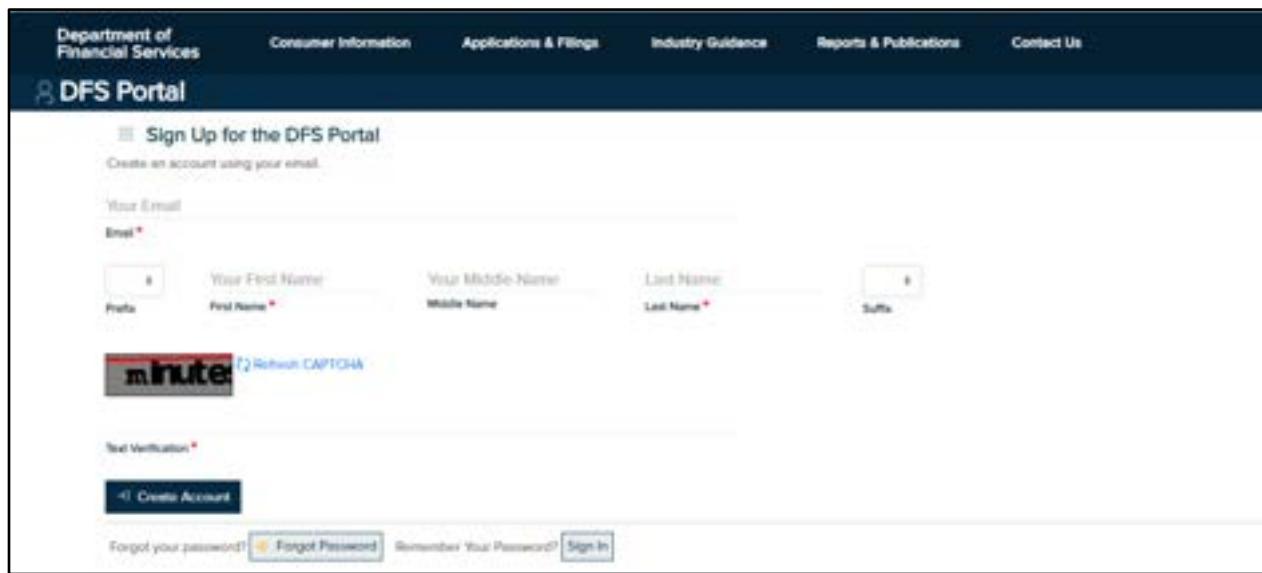
You will be prompted to sign in:

A screenshot of the DFS Portal sign-in page. The top navigation bar includes links for the Department of Financial Services, Consumer Information, Applications & Filings, Industry Guidance, Reports & Publications, and Contact Us. The main header says "DFS Portal". Below that is a "Sign In to the DFS Portal" button. The sign-in form has fields for "Your Email" and "Email", and "Your Password" and "Password". There is a "Remember Me" checkbox and a "Sign In" button. At the bottom, there are links for "Forgot your password?" (with a "Forgot Password" button) and "Need an account?" (with a "Create Account" button).

If you have a DFS Portal account, enter your email address and password and click the “Sign In” button and go to Step 3.

If you do not have a DFS Portal account, use the “Create Account” button at the bottom of the page to create one.

**Step 2: Create a Portal Account.** Enter the required information, complete the text verification, and click “Create Account”.



Department of Financial Services Consumer Information Applications & Filings Industry Guidance Reports & Publications Contact Us

## DFS Portal

### Sign Up for the DFS Portal

Create an account using your email.

Your Email  Email \*

First Name  Your First Name: First Name \*

Middle Name  Your Middle Name: Middle Name

Last Name  Your Last Name: Last Name \*

minute [? Return CAPTCHA]

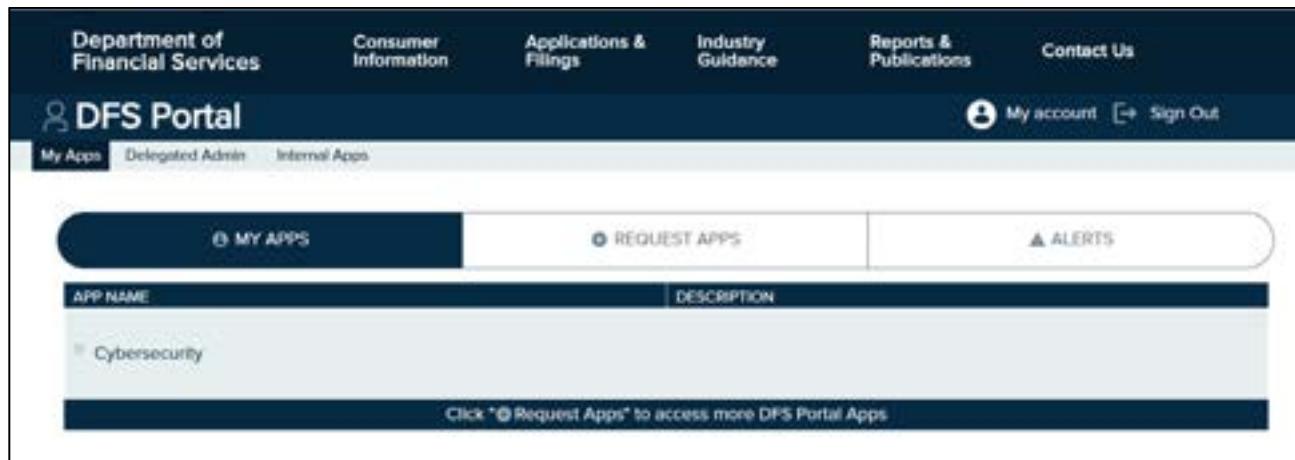
Text Verification [Get Verification]

[Create Account](#)

[Forgot your password?](#) [Forgot Password?](#) [Remember Your Password?](#) [Sign In](#)

You will receive an email containing a password at the email address you provided. Use that password and your email address to sign into the DFS Portal.

**Step 3: Access the Application.** Once you have signed into the DFS Portal, click “Cybersecurity” under the header “APP NAME” to enter the DFS cybersecurity filing system.



Department of Financial Services Consumer Information Applications & Filings Industry Guidance Reports & Publications Contact Us

## DFS Portal

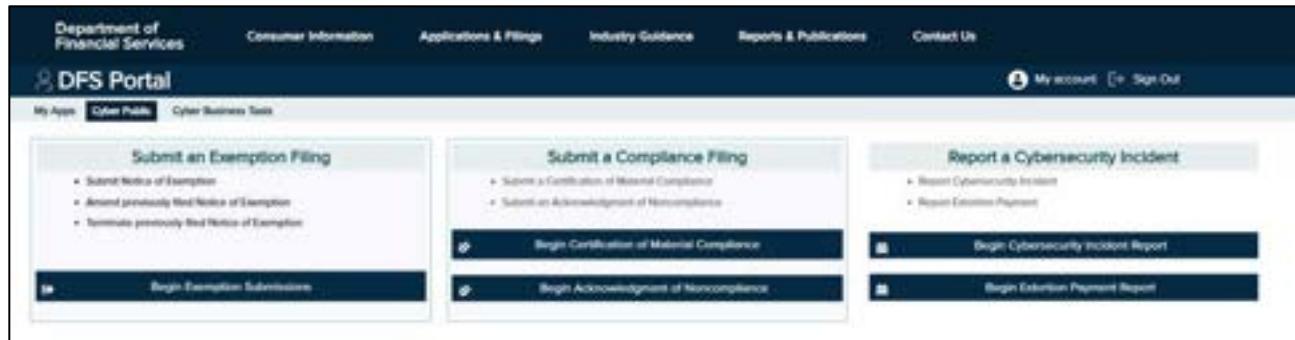
[My Apps](#) [Delegated Admin](#) [Internal Apps](#)

[MY APPS](#) [REQUEST APPS](#) [ALERTS](#)

APP NAME	DESCRIPTION
Cybersecurity	

Click "REQUEST APPS" to access more DFS Portal Apps

**Step 4: Choose a Section.** You will see three options: Submit an Exemption Filing, Submit a Compliance Filing, and Report a Cybersecurity Incident. Under **Submit a Compliance Filing**, select “Begin Acknowledgment of Noncompliance.”



**Step 5: Identify the Entity.** You will be provided with options to identify the entity on whose behalf you are filing.

Select one of the option boxes and click “Next.”

If you do not have an identifying number for any of the listed options, go to Step 7.

A screenshot of the 'Acknowledge Noncompliance' page. The title 'Acknowledge Noncompliance' is at the top. Below it is a navigation bar with buttons: Back to Main Menu, Find My Entity, Find My Entity (Cont), Signatory Info, Submitter Info, Acknowledgment, Acknowledgment (Cont), Other Cyber Contacts, and Done. The main content area is titled 'Enter Entity Information'. It contains four sections with checkboxes: 'DFS License Number' (checkboxes for: Advisor, Bank Bond Agents, Brokers, Budget Planners, Check Cashers, Licensed Agents, Licensed Lenders, Life Settlement Brokers, Money Transmitters, Premium Finance Agents, Sales Finance Companies, Service Contract Providers, Trust Companies, Virtual Currency), 'NACNY Entity Number' (checkboxes for: Continuing Care Retirement Community, Employee Welfare Funds and Retirement Systems, Federal Benefit Schedules, Health Maintenance Organizations, Managed Long Term Care Plans, NYLIC Licensed Insured Companies, Municipal Employee Health Benefit Plan, Prepaid Health Service Plan, Blue Service Organizations, Student Health Plan), 'NMLS Number' (checkboxes for: Budget Planners, Check Cashers, Licensed Lenders, Money Transmitters, Mortgage Institutionalized Companies, Premium Finance Agents, Sales Finance Companies, Student Loan Servicers, Virtual Currency), and 'Institution Number' (checkboxes for: All Banking Institutions, Consumer Credit Reporting Agencies, Trust Companies). Below these sections is a link 'Help find the entity or individual on whose behalf you are filing'. At the bottom are 'Back' and 'Next >' buttons.

**Step 6: Enter the Identifying Number.** Enter the identifying number for the entity and click “Search.”

Acknowledge Noncompliance

← Back to Main Menu

Find My Entity Find My Entity (Cont) Signatory Info Submitter Info Acknowledgment Acknowledgment (Cont)

Other Cyber Contacts Done

Enter Entity Information

Please provide your entity's Identification #

Search

Help find the entity or individual on whose behalf you are filing

Back Next

When the name of the entity on whose behalf you are filing appears in the bottom half of the screen, click “Next.”

Acknowledge Noncompliance

← Back to Main Menu

Find My Entity Find My Entity (Cont) Signatory Info Submitter Info Acknowledgment

Acknowledgment (Cont) Other Cyber Contacts Done

Enter Entity Information

Please provide your entity's Identification #

Search

The following entity or individual has been found, and if you are filing on their behalf, you may continue by clicking 'Next'. Please carefully review the entity information listed below to ensure you select the correct information.

ENTITY NAME

Help find the entity or individual on whose behalf you are filing

Back Next

**Step 7: Help Find the Entity.** If you do not have an identifying number associated with any of the four options provided, select “Help find the entity or individual on whose behalf you are filing” located at the bottom of the page.

A set of searchable fields will appear.

Enter the name of the entity on whose behalf you are filing OR the first and last name of the individual on whose behalf you are filing.

Entity name:  All or part of the name

OR (If Individual)

First Name:

Last Name:

**Search**

If you cannot find the individual or entity on whose behalf you are filing by performing a search and do not know their identifying number, then please reach out to your DFS contact. Insurance agents and brokers can visit <https://myportal.dfs.ny.gov/mylineid/elssearch.alice> to find their DFS license number.

Enter the name of the entity in the first text box and click “Search.”

There may be more than one entity with all or part of the name you enter; so, you may see more than one choice, as shown in the screen below. The image below shows two results, but there may be more depending on the name entered.

Enter the name of the entity on whose behalf you are filing OR the first and last name of the individual on whose behalf you are filing.

Entity name:

OR (If Individual)

First Name:

Last Name:

**Search**

Please carefully review the search results before making a selection

Entity Name Identification #	Entity Name Identification #
---------------------------------	---------------------------------

Showing 2 results

Choose the name of the entity on whose behalf you are filing.

**Step 8: Signatory Info.** Once you have filled out all of the requested information, click “Next.” (Please note: A red asterisk on the screen indicates it is a required field.)

**Acknowledge Noncompliance**

[← Back to Main Menu](#)

[Find My Entity](#) [Find My Entity \(Cont\)](#) **Signatory Info** [Submitter Info](#) [Acknowledgment](#)

[Acknowledgment \(Cont\)](#) [Other Cyber Contacts](#) [Done](#)

Highest-Ranking Executive and CISO/Senior Officer  
 Individual Licensee functionally acting as the Highest-Ranking Executive and the Senior Officer responsible for my Cybersecurity Program

Highest-Ranking Executive: \* CISO, or if there is no CISO, the Senior Officer responsible for the Cybersecurity Program: \*

Title: \* Title: \*

Email: \* Email: \*

Phone Number: \* Phone Number: \*

[← Back](#) [Next →](#)

**Step 9: Submitter Info.** Fill out the requested information and click “Next.” You can change the name and email address that automatically appears in the “Submitter Name” and “Submitter Email Address” fields. (Please note: The submitter does not need to be the same individual as the signatory.)

**Acknowledge Noncompliance**

[← Back to Main Menu](#)

[Find My Entity](#) [Find My Entity \(Cont\)](#) [Signatory Info](#) **Submitter Info** [Acknowledgment](#)

[Acknowledgment \(Cont\)](#) [Other Cyber Contacts](#) [Done](#)

Enter Submitter Information

Submitter Name: \*

Submitter Title: \*

Submitter Phone Number: \*

Submitter Email Address: \*

[← Back](#) [Next →](#)

**Step 10: Acknowledgment.** Select whether your entity (1) is a Class A Company, (2) qualifies for a limited exemption, or (3) neither. If you are not sure what kind of entity you should select, you can find detailed information on DFS's Cybersecurity Resource Center at link: [https://www.dfs.ny.gov/industry\\_guidance/cybersecurity](https://www.dfs.ny.gov/industry_guidance/cybersecurity) to help you. (Please note: You must check one of the three options.)

Acknowledge Noncompliance

[Back to Main Menu](#)

[Find My Entity](#) [Find My Entity \(Cont\)](#) [Signatory Info](#) [Submitter Info](#) [Acknowledgment](#) [Acknowledgment \(Cont\)](#)

[Other Cyber Contacts](#) [Done](#)

Highest Ranking Executive and CEO acknowledge that:

(1) [Covered Entity](#)

qualifies as a Class A Company;  
 does not qualify for an exemption to Part 500 or as a Class A Company; or  
 qualifies for the following limited exemptions (check all applicable exemptions below)

Section 500.59(a)(1)  
 Section 500.59(a)(2)  
 Section 500.59(a)(3)  
 Section 500.59(c)  
 Section 500.59(d)

When determining whether the [Covered Entity](#) qualifies as a Class A Company or for the Section 500.59(d) exemptions, you must take into account the number of employees, gross annual revenue, and assets of Affiliates. The definition of "Affiliate" is defined very broadly in Section 500.5(a) to include almost all related companies.

(2) [Covered Entity](#) did not materially comply with the requirements in Part 500 applicable to [Covered Entity](#) for [2024](#)

[Back](#) [Next](#)

If your entity qualifies for any limited exemptions, check all applicable boxes corresponding to the exemptions for which such entity qualifies. You can find detailed information about exemptions on DFS's Cybersecurity Resource Center at link: [https://www.dfs.ny.gov/industry\\_guidance/cybersecurity#part-500-exemptions](https://www.dfs.ny.gov/industry_guidance/cybersecurity#part-500-exemptions).

Acknowledge Noncompliance

[Back to Main Menu](#)

[Find My Entity](#) [Find My Entity \(Cont\)](#) [Signatory Info](#) [Submitter Info](#) [Acknowledgment](#)

[Acknowledgment \(Cont\)](#) [Other Cyber Contacts](#) [Done](#)

Highest Ranking Executive and CEO acknowledge that:

(1) [Covered Entity](#)

qualifies as a Class A Company;  
 does not qualify for an exemption to Part 500 or as a Class A Company; or  
 qualifies for the following limited exemptions (check all applicable exemptions below)

Section 500.59(a)(1)  
 Section 500.59(a)(2)  
 Section 500.59(a)(3)  
 Section 500.59(c)  
 Section 500.59(d)

When determining whether the [Covered Entity](#) qualifies as a Class A Company or for the Section 500.59(d) exemptions, you must take into account the number of employees, gross annual revenue, and assets of Affiliates. The definition of "Affiliate" is defined very broadly in Section 500.5(a) to include almost all related companies.

(2) [Covered Entity](#) did not materially comply with the requirements in Part 500 applicable to [Covered Entity](#) for [2024](#)

[Back](#) [Next](#)

**Step 11: Acknowledgment (Cont).** If you did not select any limited exemptions, a screen similar to the one below appears. If you selected limited exemptions, you will see fewer sections. Select the sections the entity did not materially comply with during calendar year 2024.

Acknowledge Noncompliance

[Back to Main Menu](#)

[Find My Entity](#) [Find My Entity \(Cont\)](#) [Signatory Info](#) [Submitter Info](#) [Acknowledgment](#) **Acknowledgment (Cont)** [Other Cyber Contacts](#)

[Done](#)

**Covered Entity** did not comply with the following section(s) (or portions thereof):

Select all that apply, then complete the additional sections below.

Section 500.2 Cybersecurity program  
 Section 500.3 Cybersecurity policy  
 Section 500.4 Cybersecurity governance  
 Section 500.5 Vulnerability management  
 Section 500.6 Audit trail  
 Section 500.7 Access, privilege, and management  
 Section 500.8 Application security  
 Section 500.9 Risk assessment  
 Section 500.10 Cybersecurity personnel and intelligence  
 Section 500.11 Third-party service provider security policy  
 Section 500.12 Multi-factor authentication  
 Section 500.13 Asset management and data retention requirements  
 Section 500.14 Monitoring and training  
 Section 500.15 Encryption of sensitive information  
 Section 500.16 Incident response and business continuity management  
 Section 500.17 Notices to superintendents

By checking this box, the submitter certifies that they are authorized to submit this Acknowledgment on behalf of **Covered Entity** and the information above is accurate to the best of their knowledge.

[Back](#) [Next](#)

For each section the entity did not materially comply with, a text box similar to the one below appears. Describe the nature and extent of noncompliance in the text box. Then, indicate whether remediation was completed. Click “Yes” if remediation was completed. Otherwise, click “No.”

Section 500.2 Cybersecurity program

Describe the nature and extent of noncompliance for Section 500.2 Cybersecurity program

Has remediation been completed for Section 500.2 Cybersecurity program?

Yes  No

Provide the date you expect remediation to be completed for Section 500.2 Cybersecurity program. The Department may follow up with you to get a more detailed remediation timeline.

mm/dd/yyyy

If remediation was not completed, enter the date you expect remediation to be completed. Then, if you are authorized to submit the Acknowledgment of Noncompliance on behalf of your entity and the information you submitted is accurate, check the box at the bottom of the page and click “Next” to advance to the next screen.

**Step 12: Other Cyber Contacts.** From time to time, DFS sends updates with cybersecurity developments, recommendations, and compliance deadlines. Please enter contact information for any other individuals (besides the ones whose names and email addresses you have already entered) who should receive cybersecurity communications from DFS. If you do not have any additional contacts to enter, click “Submit” to proceed to the next screen.

Acknowledge Noncompliance

[Back to Main Menu](#)

[Find My Entity](#) [Find My Entity \(Cont\)](#) [Signatory Info](#) [Submitter Info](#) [Acknowledgment](#)

[Acknowledgment \(Cont\)](#) **Other Cyber Contacts** [Done](#)

Please enter contact information for any individuals (besides the ones whose names and email addresses you have already entered) who should receive cybersecurity communications – including alerts and guidance – from DFS.

Title:

Name:

Phone:

Email:

[Add Another Contact](#)

[Back](#) [Submit](#)

You may add another contact by clicking “Add Another Contact.” The contact information you previously submitted on this screen will appear under “Add Another Contact.”

Acknowledge Noncompliance

[Back to Main Menu](#)

[Find My Entity](#) [Find My Entity \(Cont\)](#) [Signatory Info](#) [Submitter Info](#) [Acknowledgment](#) [Acknowledgment \(Cont\)](#) **Other Cyber Contacts** [Done](#)

Please enter contact information for any individuals (besides the ones whose names and email addresses you have already entered) who should receive cybersecurity communications – including alerts and guidance – from DFS.

Title:

Name:

Phone:

Email:

[Add Another Contact](#)

Name	Phone	Email

[Remove](#)

[Back](#) [Submit](#)

After you enter the information, click “Submit” to proceed to the next screen.

**Step 13: Done.** You will receive an online confirmation once the certification is successfully submitted. Please print the screen for your records.

**Acknowledge Noncompliance**

[Back to Main Menu](#)

[Find My Entity](#) [Find My Entity \(Cont\)](#) [Signatory Info](#) [Submitter Info](#) [Acknowledgment](#)

[Acknowledgment \(Cont\)](#) [Other Cyber Contacts](#) **Done**

**Success**

You have successfully submitted an Acknowledgment of Noncompliance for **Covered Entity**

Receipt number: NC-**XXXX-XX**

Highest Ranking Executive and CISO acknowledge that:

(1) **Covered Entity** qualifies for the following limited exemption(s):  
Section 500.17(b)(3)  
Section 500.17(b)(3)

(2) **Covered Entity** did not materially comply with all of the requirements in Part 500 applicable to **Covered Entity** for  
2024  
Section 500.2 Cybersecurity program

Signed by **Highest-Ranking Executive**  
Signed by **CISO**  
Submitted by **Submitter**  
Date **XXXX**

Please note: Covered Entities are required to maintain all documents that support this submission for 5 years pursuant to Section 500.17(b)(3).

**Step 14: Email Receipts.** The person(s) whose email address(es) you provided in Steps 8 and 9 will receive an email with a receipt number.

**NYS Department of Financial Services Cybersecurity Acknowledgment of Noncompliance Receipt**

 [noreply@dfs.ny.gov](mailto:noreply@dfs.ny.gov) To:

Reply Reply All Forward ...

**Submitter** submitted an Acknowledgment of Noncompliance for **Covered Entity** to the NYS Department of Financial Services. This is the only receipt and confirmation of this submission that you will receive. Please keep a copy of the below receipt number for your records.

Receipt Number: NC-**XXXX-XX**

Covered Entities are required to maintain all documents that support this submission for 5 years pursuant to Section 500.17(b)(3).

For support regarding the submission of your Cybersecurity documents and filings, please contact: [CyberRegSupport@dfs.ny.gov](mailto:cyberregsupport@dfs.ny.gov)

**IMPORTANT: SAVE A COPY OF YOUR EMAIL RECEIPT FOR YOUR RECORDS. THIS IS THE ONLY CONFIRMATION EMAIL THAT DFS WILL PROVIDE.**

If you have questions regarding these instructions, you may send them to [cyberregsupport@dfs.ny.gov](mailto:cyberregsupport@dfs.ny.gov).