NEW YORK STATE OF OPPORTUNITY.

Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

Duplicate License/Registration Request

INSTRUCTIONS:

- This form may not be used to change any information on your current license. To change information, you must submit a Change Notice, form DOS-1473.
- Print the required information as requested. **NOTE:** If you do not know your UID # or business address, visit www.dos.ny.gov and search our index of licensees and registrants for your current license/registration information.
- Submit a separate form for each duplicate license/registration request. Mail this form with a check or money order made payable to the NYS Department of State or charge the fee to MasterCard or Visa, using a Credit Card Authorization, form DOS-1450. **A $20 fee will be charged for any check returned by your bank. DO NOT SEND CASH.**

License/Registration Type: *("X" only one)*

☐ Apartment Information Vendor/Sharing Agent — **FEE DUE: NONE**

☐ Appearance Enhancement Operator
☐ Bail Enforcement Agent
☐ Barber Operator
☐ Document Destruction Contractor
☐ Hearing Aid Business
☐ Hearing Aid Dispenser
☐ Notary Public
☐ Private Investigator
☐ Real Estate Appraiser
☐ Shop/Renter *(Appearance Enhancement and Barber)*
☐ Watch, Guard or Patrol Agency

FEE DUE: $10.00

☐ Armored Car Carrier
☐ Armored Car Guard
☐ Athlete Agent
☐ Bedding
☐ Central Dispatch Facility
☐ Coin Processor
☐ Durable Juvenile Product Manufacturer
☐ Home Inspector
☐ Pet Cemetery
☐ Security or Fire Alarm Installer
☐ Security Guard
☐ Telemarketer
☐ Ticket Reseller

FEE DUE: $25.00

UID NUMBER

NAME ON LICENSE *(Last, First, M.I.)*

RESIDENCE ADDRESS *(No. and Street)* | CITY/STATE/ZIP | COUNTY

BUSINESS ADDRESS *(No. and Street)* | CITY/STATE/ZIP | COUNTY

Print Name:_____ Signature **X**_____ Date:_____