



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

Request for Certification/Certified Copies of Records

PLEASE FILL IN ALL OF THE INFORMATION REQUESTED:

Your Name: _____ Your Phone Number: (____) _____

Your Current Address:

Mail Certification To:

Check box if same as above.

Type of License to be Searched: _____

Name You Want Searched: _____

Previous Name (if applicable): _____

Unique Identification Number: _____

NOTE: The Division of Licensing Services maintains a six year file of licensees. Records prior to that time period are unavailable.

\$25 fee per record:

If the requested document is for another state, please provide the name of the state: _____

If multiple copies are needed for multiple states, please list each state and submit \$25 for each copy requested.

- CERTIFICATION
- CERTIFIED LICENSE HISTORY
- CERTIFIED COPIES OF APPLICATIONS

Please submit this request to our office at the above address with a check or money order made payable to NYS Department of State. You may also pay by MasterCard or Visa, using the appropriate credit card authorization form.

REQUESTS RECEIVED WITHOUT PAYMENT WILL BE RETURNED