

Duplicate License/Registration Request

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

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)

- | | | |
|---|---|-------------------------|
| <input type="checkbox"/> Apartment Information Vendor/Sharing Agent | | FEE DUE: NONE |
| ----- | | |
| <input type="checkbox"/> Appearance Enhancement Operator | <input type="checkbox"/> Notary Public | FEE DUE: \$10.00 |
| <input type="checkbox"/> Bail Enforcement Agent | <input type="checkbox"/> Private Investigator | |
| <input type="checkbox"/> Barber Operator | <input type="checkbox"/> Real Estate Appraiser | |
| <input type="checkbox"/> Document Destruction Contractor | <input type="checkbox"/> Shop/Renter (<i>Appearance Enhancement and Barber</i>) | |
| <input type="checkbox"/> Hearing Aid Business | <input type="checkbox"/> Watch, Guard or Patrol Agency | |
| <input type="checkbox"/> Hearing Aid Dispenser | | |
| ----- | | |
| <input type="checkbox"/> Armored Car Carrier | <input type="checkbox"/> Home Inspector | FEE DUE: \$25.00 |
| <input type="checkbox"/> Armored Car Guard | <input type="checkbox"/> Pet Cemetery | |
| <input type="checkbox"/> Athlete Agent | <input type="checkbox"/> Security or Fire Alarm Installer | |
| <input type="checkbox"/> Bedding | <input type="checkbox"/> Security Guard | |
| <input type="checkbox"/> Central Dispatch Facility | <input type="checkbox"/> Telemarketer | |
| <input type="checkbox"/> Coin Processor | <input type="checkbox"/> Ticket Reseller | |
| <input type="checkbox"/> Durable Juvenile Product Manufacturer | | |

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: _____