

# Change Notice

- Change of **("x" only one)**
- Personal Name**
  - Business Address** (Attention Security Guards and Hearing Aid Dispensers: This form cannot be used to report employment. Please use an Employment Status Notification form.)
  - Residence Address** (Security Guards and Hearing Aid Dispensers Only)

- |  |  |
|--|--|
| <input type="checkbox"/> Bail Enforcement Agent    | <input type="checkbox"/> Real Estate Appraiser           |
| <input type="checkbox"/> Central Dispatch Facility | <input type="checkbox"/> Security Guard                  |
| <input type="checkbox"/> Hearing Aid Business      | <input type="checkbox"/> Security & Fire Alarm Installer |
| <input type="checkbox"/> Hearing Aid Dispenser     | <input type="checkbox"/> Watch, Guard, Patrol Agency     |
| <input type="checkbox"/> Private Investigator      |  |

**FEE DUE:** \$10\*\*

UID NUMBER \_\_\_\_\_

NAME ON LICENSE (LAST, FIRST, M.I.) \_\_\_\_\_

NEW NAME (LAST, FIRST, M.I.) \_\_\_\_\_

OLD BUSINESS ADDRESS (NO. AND STREET) (CITY/STATE/ZIP) (COUNTY) \_\_\_\_\_

NEW BUSINESS ADDRESS (NO. AND STREET) (CITY/STATE/ZIP) (COUNTY) \_\_\_\_\_

**SECURITY GUARDS AND HEARING AID DISPENSERS ONLY** OLD RESIDENCE ADDRESS — (NO. AND STREET) (CITY/STATE/ZIP) (COUNTY) \_\_\_\_\_

NEW RESIDENCE ADDRESS — (NO. AND STREET) (CITY/STATE/ZIP) (COUNTY) \_\_\_\_\_

Signature **X** \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

• Instructions on Reverse •

## Instructions for Change of Personal Name\*, Business or Residence Address

---

Please print the *personal name* or *business address* change on your license. **Do not mail your license with this form.**

Print the required changes as requested on the reverse. If you are submitting a change to your personal name, you must provide proof, *e.g.*, a copy of one of the following: court order changing your name; marriage certificate; driver's license, or a non-driver's ID card; valid passport; or immigration documents.

*Warning:* The Department of State will not accept documents with alterations or erasures. Presentation of fraudulent documents may also result in criminal prosecution.

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 the enclosed credit card authorization form. **DO NOT SEND CASH.**

*A \$20 fee will be charged for any check returned by your bank.*

---

\* This form is used to report a change to a personal name, business or residence address. A change in a business name requires re-application (the appropriate application fee is charged in those instances).

\*\* The \$10 fee is not required if the individual name change is the result of a change in marital status.