

Duplicate License/Registration Request

INSTRUCTIONS:

- Select with an "x" a choice below. Please print the UID #, name and address that appears on your current license/registration.
- Print the required information as requested and mail this form with a check or money order made payable to the NYS Department of State. You may pay by 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 may **not** be used to change any information on your current license. To change information please contact our office for the appropriate form.

Armored Car Guard

FEE DUE:

\$25**

Security and Fire Alarm Installer

UID NUMBER _____

NAME ON LICENSE _____ (LAST, FIRST, M.I.)

BUSINESS ADDRESS (NO. AND STREET) _____

(CITY/STATE/ZIP) _____

(COUNTY) _____

Signature **X** _____ Date _____

Print Name: _____