

NYS Department of State
Division of Licensing Services
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REQUEST FOR WAIVER OF FEES FOR FLOOD DISASTER VICTIMS

Last Name		First Name	
Address			
City/Town		State	Zip Code
Telephone Number			
<p>I am requesting a replacement copy (specify name on license, type of license and unique ID number) of the following document(s):</p> <p>1. Name on license: _____ Type of license and unique ID number: _____</p> <p>2. Name on license: _____ Type of license and unique ID number: _____</p> <p>3. Name on license: _____ Type of license and unique ID number: _____</p> <p>4. Name on license: _____ Type of license and unique ID number: _____</p> <p>5. Name on license: _____ Type of license and unique ID number: _____</p> <p>I hereby certify that pursuant to Executive Order 21 dated September 15, 2011, the above documents will replace documents lost or damaged by Hurricane Irene. As directed by Executive Order 21, the replacement documents will be issued at no charge.</p> <p style="text-align: right;">_____ Signature</p>			