



# 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:

- CERTIFICATION: (If the certification is for another state, please provide the name of that state:) \_\_\_\_\_
- 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