

*Request for
Certification/Certified
Copies of Records*

NYS DEPARTMENT OF STATE
DIVISION OF LICENSING SERVICES
P.O. BOX 22001
ALBANY, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.state.ny.us

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