



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 Duplicate Private Investigator or Watch, Guard or Patrol Agency Pocket ID Card

Your pocket card will be produced by the Department of Motor Vehicles using the image on file in their office. If you have a valid NYS Driver License or Non-Driver ID with photo, please read the section "Informed Consent" at the bottom of this page, sign and date it, provide your 9-digit DMV ID number, and return this page along with a \$10.00 check or money order made payable to the Department of State.

If you do not have a valid NYS Driver License or Non-Driver-ID, please refer to form DOS-1354, Request for Photo ID for further instructions.

Please TYPE or PRINT clearly. Return this page (NO PHOTOCOPIES) with your payment.

LAST NAME	FIRST NAME
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IMPORTANT INFORMATION REGARDING YOUR PHOTO ID

The Department of State produces photo ID cards in cooperation with the NYS Department of Motor Vehicles (DMV). If you have a current NYS Driver License or Non-Driver ID card, please provide/correct your 9-digit DMV ID number in the space provided below. Then read the informed consent and sign this form. If you do not have a current NYS photo Driver License or Non-Driver ID card, please have your photo taken at any nearby DMV office BEFORE you complete this application. For more details, refer to our enclosed notice, "If You Don't Have a NYS Driver License or Non-Driver ID".

INFORMED CONSENT

I authorize the NYS Department of State and the NYS Department of Motor Vehicles (DMV) to produce an ID card bearing my DMV photo. **I understand that DMV will send this card to the address I maintain with the Department of State.** I also understand that the Department of State and DMV will use my DMV photo to produce all my subsequent ID cards for as long as I maintain my license/registration with the Department of State.

DMV ID # _____ / _____ / _____

X _____
Applicant Signature

Date
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