

Duplicate License/Registration Request

NYS Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

INSTRUCTIONS:

- This form may not be used to change any information on your current license. To change information, you must submit a Change Notice, form DOS-1473.
- Print the required information as requested. **NOTE:** If you do not know your UID # or business address, visit www.dos.ny.gov and search our index of licensees and registrants for your current license/registration information.
- Submit a separate form for each duplicate license/registration request. Mail this form with a check or money order made payable to the NYS Department of State or charge the fee to MasterCard or Visa, using a Credit Card Authorization, form DOS-1450. **A \$20 fee will be charged for any check returned by your bank. DO NOT SEND CASH.**

License/Registration Type: ("X" only one)

Apartment Information Vendor/Sharing Agent **FEE DUE: NONE**

<input type="checkbox"/> Appearance Enhancement Operator	<input type="checkbox"/> Notary Public	FEE DUE: \$10.00
<input type="checkbox"/> Bail Enforcement Agent	<input type="checkbox"/> Private Investigator	
<input type="checkbox"/> Barber Operator	<input type="checkbox"/> Real Estate Appraiser	
<input type="checkbox"/> Document Destruction Contractor	<input type="checkbox"/> Shop/Renter (<i>Appearance Enhancement and Barber</i>)	
<input type="checkbox"/> Hearing Aid Business	<input type="checkbox"/> Watch, Guard or Patrol Agency	
<input type="checkbox"/> Hearing Aid Dispenser		

<input type="checkbox"/> Armored Car Carrier	<input type="checkbox"/> Home Inspector	FEE DUE: \$25.00
<input type="checkbox"/> Armored Car Guard	<input type="checkbox"/> Pet Cemetery	
<input type="checkbox"/> Athlete Agent	<input type="checkbox"/> Security or Fire Alarm Installer	
<input type="checkbox"/> Bedding	<input type="checkbox"/> Security Guard	
<input type="checkbox"/> Central Dispatch Facility	<input type="checkbox"/> Telemarketer	
<input type="checkbox"/> Coin Processor	<input type="checkbox"/> Ticket Reseller	
<input type="checkbox"/> Durable Juvenile Product Manufacturer		

UID NUMBER _____

NAME ON LICENSE (*Last, First, M.I.*) _____

RESIDENCE ADDRESS (*No. and Street*) _____

CITY/STATE/ZIP _____

COUNTY _____

BUSINESS ADDRESS (*No. and Street*) _____

CITY/STATE/ZIP _____

COUNTY _____

Print Name: _____ Signature X _____ Date: _____