



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

CHANGE NOTICE

INSTRUCTIONS: Use this form to report a change to a *PERSONAL NAME*, *BUSINESS* or *RESIDENCE ADDRESS*. If you wish to receive a license/registration with your new name or address, you must submit a Duplicate License/Registration Request, form DOS-1508. Otherwise, you may print the new name and/or business address directly on your license. **Do not mail your license with this form.**

- If you are submitting a change to your personal name, you must provide acceptable forms of proof. Acceptable forms of proof include: court order changing your name; marriage certificate or divorce decree; driver's license, or a non-driver's ID card; valid passport; or immigration documents. If a personal name change is the result of a change in marital status, the fee is not required.
- Submit a separate form for each license you are changing. 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.

Change of: Personal Name

("X" only one) Business Address

Residence Address

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

Apartment Information Vendor/Sharing Agent	Nail Specialty Trainee	FEE DUE: NONE
Appearance Enhancement Operator	Barber Operator	Shop/Area Renter

For personal name change only. Address changes require a \$10.00 fee.

Appearance Enhancement Operator	Private Investigator	FEE DUE: \$10.00
Bail Enforcement Agent	Real Estate Appraiser	
Barber Operator	Real Estate Broker/Salesperson *	
Document Destruction Contractor	<i>* For personal name change only. All other transactions must be performed through your eAccessNY account. A new license and photo ID card will automatically be issued for the license indicated below.</i>	
Hearing Aid Business	Security or Fire Alarm Installer	
Hearing Aid Dispenser	Shop/Area Renter (Appearance Enhancement and Barber)	
Notary Public	Watch, Guard or Patrol Agency	
Pet Cemetery		

Armored Car Carrier	Bedding	Durable Juvenile Product Manufacturer	FEE DUE: \$25.00
Armored Car Guard	Central Dispatch Facility	Home Inspector	Telemarketer
Athlete Agent	Coin Processor	Security Guard	Ticket Reseller

UID/LICENSE NUMBER

EMAIL ADDRESS

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

NEW NAME (Last, First, M. I.)

NEW RESIDENCE ADDRESS (No. and Street required. P.O. Box may be added to ensure delivery) CITY/STATE/ZIP COUNTY

NEW BUSINESS ADDRESS (No. and Street required. P.O. Box may be added to ensure delivery) CITY/STATE/ZIP COUNTY

Print Name: _____ Signature: **X** _____ Date: _____