



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

Duplicate License/Registration Request

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**

Appearance Enhancement Operator Notary Public **FEE DUE: \$10.00**

Bail Enforcement Agent

Private Investigator

Barber Operator

Real Estate Appraiser

Document Destruction Contractor

Shop/Renter (*Appearance Enhancement and Barber*)

Hearing Aid Business

Watch, Guard or Patrol Agency

Hearing Aid Dispenser

Armored Car Carrier

Home Inspector **FEE DUE: \$25.00**

Armored Car Guard

Pet Cemetery

Athlete Agent

Security or Fire Alarm Installer

Bedding

Security Guard

Central Dispatch Facility

Telemarketer

Coin Processor

Ticket Reseller

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: _____