

# 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](http://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: \_\_\_\_\_