



# 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  
<https://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 <https://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)

<input type="checkbox"/> Apartment Information Vendor/Sharing Agent	<input type="checkbox"/> Nail Specialty Trainee	<b>FEE DUE: NONE</b>
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<input type="checkbox"/> Appearance Enhancement Operator <i>(Cosmetology, Esthetics, Nail Specialty, Natural Hair Styling, Waxing)</i>	<input type="checkbox"/> Notary Public	<b>FEE DUE: \$10.00</b>
<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		
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<input type="checkbox"/> Armored Car Carrier	<input type="checkbox"/> Home Inspector	<b>FEE DUE: \$25.00</b>
<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: \_\_\_\_\_