



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	FEE DUE: NONE

<input type="checkbox"/> Appearance Enhancement Operator <i>(Cosmetology, Esthetics, Nail Specialty, Natural Hair Styling, Waxing)</i>	<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"/> 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: _____