

Duplicate License/Registration Request

INSTRUCTIONS:

- Select with an "x" a choice below. Please print the UID #, name and address that appears on your current license/registration.
- Print the required information as requested and mail this form with a check or money order made payable to the NYS Department of State. You may also pay by MasterCard or Visa, using the enclosed credit card authorization form. **DO NOT SEND CASH. A \$20 fee will be charged for any check returned by your bank.**
- This form may **not** be used to change any information on your current license. To change information please contact our office for the appropriate form.

- | | |
|--|--|
| <input type="checkbox"/> Bail Enforcement Agent | <input type="checkbox"/> Private Investigator |
| <input type="checkbox"/> Hearing Aid Business | <input type="checkbox"/> Real Estate Appraiser |
| <input type="checkbox"/> Hearing Aid Dispenser | <input type="checkbox"/> Security Guard |
| <input type="checkbox"/> Hearing Aid Dispenser/Temporary | <input type="checkbox"/> Watch, Guard, Patrol Agency |

FEE DUE:

\$10**

UID NUMBER _____

NAME ON LICENSE _____ (LAST, FIRST, M.I.)

SECURITY GUARDS AND HEARING AID ONLY RESIDENCE ADDRESS (NO. AND STREET) (CITY/STATE/ZIP) (COUNTY)

ALL OTHERS: BUSINESS ADDRESS (NO. AND STREET) (CITY/STATE/ZIP) (COUNTY)

Signature **X** _____ Date _____

Print Name: _____