

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

## **CHANGE NOTICE**

INSTRUCTIONS: Use this form to report a change to a PERSONAL NAME, BUSINESS or RESIDENCE ADDRESS. If you wish to receive a license/registration with your new name or address, you must submit a Duplicate License/Registration Request, form DOS-1508. Otherwise, you may print the new name and/or business address directly on your license. Do not mail your license with this form.

- · Appraisal Management Companies, Appearance Enhancement and Barber Shop Businesses may submit a name change if business structure will not change.
- If you are submitting a change to your personal name, you must provide acceptable forms of proof. Acceptable forms of proof include:

court order changing your name; marriage certificate or divorce decree; di mmigration documents. <u>If a personal name change is the result of a chan</u>	
Submit a separate form for each license you are changing. Mail this form of Department of State or charge the fee to MasterCard or Visa, using a Cree A \$20 fee will be charged for any check returned by your bank.	
Change of: ☐Business Name (Appraisal Management Co	mpany, Appearance Enhancement & Barber Shop ONLY)
"X" only one) Personal Name	
☐Business Address	
☐Residence Address	
License/Registration Type:("X" only one)	ent Company (Owner/Controlling person name or personal address <b>ON</b>
☐ Apartment Information Vendor/Sharing Agent ☐ Armored Car	
Appearance Enhancement Operator * Barber Opera	ator Security Guard
	nge only. Address changes require a \$10.00 fee.
Appearance Enhancement Operator Private Investiga	
Appraisal Management Company (Business name or Business address ONLY)  Real Estate Appr	·
☐ Bail Enforcement Agent ☐ Real Estate Brok	cer/Salesperson *For personal name change only. All other transactions
☐ Barber Operator	must be performed through your eAccessNY account. A new license an photo ID card will automatically be issued for the license indicated below
☐ Document Destruction Contractor ☐ Pet Cemetery	
☐ Hearing Aid Business ☐ Security or Fire A	Alarm Installer
☐ Hearing Aid Dispenser ☐ Shop/Area Rente	er (Appearance Enhancement and Barber)
☐ Notary Public ☐ Watch, Guard or	Patrol Agency
Armored Car Carrier	Home Inspector FEE DUE: \$25.00
Athlete Agent Coin Processor	Ticket Reseller
☐ Bedding ☐ Durable Juvenile Product Manufacture	er 🗖 Telemarketer
——————————————————————————————————————	er Shop Business name change FEE DUE: \$30.00
UID/LICENSE NUMBER EMA	AIL ADDRESS
NAME ON LICENSE (Last, First, M. I.) OR (AE BUSINESS NAME)  NEV	N NAME (Last, First, M. I.) OR (AE BUSINESS NAME)
NEW RESIDENCE ADDRESS (No. and Street required. P.O. Box may be added to ensure delivery) CITY	Y/STATE/ZIP COUNTY
NEW BUSINESS ADDRESS (No. and Street required. P.O. Box may be added to ensure delivery)	Y/STATE/ZIP COUNTY
Print Name:Signature: X	Date: