

Division of Licensing Services

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; driver's license, or a non-driver's ID card; valid passport; or immigration documents. If a personal name change is the result of a change in marital status, the fee is not required.
- Submit a separate form for each license you are changing. 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.

	etrotion Types ("V" entropy)
	Business Address
("X" only one)	Personal Name
Change of:	Business Name (Appraisal Management Company, Appearance Enhancement & Barber Shop ONLY)

License/Registration Type:("X" only one)	Appraisal Manag	gement Comp	any (Owner/Controlling persor	name or personal address ONLY
Apartment Information Vendor/Sharing Age		-	Nail Specialty Trainee	FEE DUE: NONE
Appearance Enhancement Operator *	Barber C	operator [Security Guard	
Shop/Area Renter	* For personal name	<u>change only</u> . Ac	ldress changes require a \$10.00	fee.
Appearance Enhancement Operator	Private Inve	stigator		FEE DUE: \$10.00
Appraisal Management Company (Business name or Business address ONLY)	Real Estate	Appraiser		
Bail Enforcement Agent	Real Estate		erson *For personal name cha	
Barber Operator				essNY account. A new license and ued for the license indicated below.
Document Destruction Contractor	Pet Cemeter	ry		
Hearing Aid Business	Security or F	Fire Alarm Inst	aller	
Hearing Aid Dispenser	Shop/Area F	Renter (Appea	rance Enhancement and Ba	arber)
Notary Public	Watch, Gua	rd or Patrol Ag	jency	
Armored Car Carrier Central Dispatc	h Facility	🔲 На	me Inspector	FEE DUE: \$25.00
Athlete Agent Coin Processor		🗖 Tio	ket Reseller	
Bedding Durable Juvenil	e Product Manufa	acturer 🗖 Te	lemarketer	
Appearance Enhancement Business name	change	Barber Shop E	Business name change	FEE DUE: \$30.00

UID/LICENSE NUMBER	EMAIL ADDRESS	
NAME ON LICENSE (Last, First, M. I.) OR (AE BUSINESS NAME)	NEW 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/STATE/ZIP	COUNTY
NEW BUSINESS ADDRESS (No. and Street required. P.O. Box may be added to ensure delivery)	CITY/STATE/ZIP	COUNTY
Print Name:Signature:	< <u> </u>	Date: