



NEW YORK STATE
DEPARTMENT *of*
FINANCIAL SERVICES

Andrew M. Cuomo
Governor

Benjamin M. Lawsky
Superintendent

DUPLICATE LICENSE REQUEST FORM

Before we can comply with your request for a duplicate license, it will be necessary for you to complete, date and sign this form and return it with a check or money order in the amount of \$15.00 made payable to the Superintendent of Financial Services. Please include the letters which prefix the license number in order to avoid further delay in the issuance of the duplicate license.

Name _____

License No.(s) _____

Non-Residents: Identify *Home State: _____

Note: if Home State has changed, updated information MUST be indicated in the National Producer Database or non-resident certification from current home state must be submitted within 30 days of the date of submission of this form.

*Home State is where you maintain a principal place of residence or business AND are licensed in good standing for the lines of authority being renewed in this application.

Under penalties of perjury, I affirm that license number _____ Expiring on _____,
issued to _____ Social Security Number _____, Date of Birth _____,
has been

____ LOST ____ DESTROYED ____ NEVER RECEIVED ____ OTHER

Current Business Address*
(Street & No. Required)

Current Residence Address
(Street & No. Required)

C/O _____

Current Mailing Address
(Indicate if Same as Residence or Business)

C/O _____

Current EMAIL Address: _____ Telephone # _____

**ALWAYS INCLUDE C/O, APT. NO., ROOM NO., ETC., IN ADDRESS, WHEN NECESSARY.

*Please indicate if you do not have a business address in order to avoid delays in requesting additional information.

Date _____

Signature of licensee or signature of a sublicense
if a Business Entity

Telephone Number _____

Licensing Bureau
(518)474-6630