



NEW YORK STATE  
DEPARTMENT of  
FINANCIAL SERVICES

**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 \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

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

Licensing Bureau  
(518)474-6630