



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
P.O. Box 22001  
Albany, NY 12201-2001  
Customer Service: (518) 474-4429  
<https://dos.ny.gov>

## Private Investigator, Bail Enforcement Agent, and Watch, Guard or Patrol Agency Change of Business Name/Status Application

*Please take the time to read the instructions carefully before beginning the application form. Incomplete forms will delay licensure. Any omission, inaccuracy or failure to make full disclosure in an application may be deemed sufficient reason to deny a license or could result in the suspension or revocation, if one is issued.*

### When would I file a Private Investigator, Bail Enforcement Agent, and Watch, Guard or Patrol Agency Change of Business Name/Status Application?

You would file an application only if you are a licensed Private Investigator, Bail Enforcement Agent, or Watch, Guard or Patrol Agency and wish to change your:

- business name
- license status

While you are changing your business name, license status, or names of officers and/or principals, you may also submit a change to your business address.

**NOTE:** You *cannot* use this application solely to submit a change to your business address. If you wish to change *only* your business address, please visit our website for the appropriate form.

### What supporting documents do I need to submit with my application?

A completed application will include the attached completely filled out and signed application along with the following:

- a rider to the existing bond reflecting your new business name; and
- a copy of your liability insurance showing your new company name (if you intend to hire security guards under your new business name).

### What should I do with my old license?

After making a photocopy of your old license to keep for your records, return it with this application to the Department of State along with any pocket cards. You should receive your new license and pocket cards 2-4 weeks after you submit this application.

### What is the application fee?

There is a \$150 fee for filing this application.

### What forms of payment do you accept?

You may pay by check or money order made payable to the Department of State or charge any fee to MasterCard or Visa using a credit card authorization form. Do not send cash. **Application fees are nonrefundable.** A \$20 fee will be charged for any check returned by your bank.

### Child Support Statement

A Child support statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation. **Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's license suspended.** The intentional submission of a false written statement for the purpose of frustration or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

### PRIVACY NOTIFICATION

#### Do I need to provide my Social Security and federal ID numbers on the application?

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commission of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this state or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Direction of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

FOR OFFICE  
USE ONLY

UNIQUE ID NUMBER

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CASH NUMBER

EFFECTOVE DATE

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EXPIRATION DATE

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### Private Investigator, Bail Enforcement Agent, Watch, Guard or Patrol Agency Change of Business Name/Status Application

**TYPE OR PRINT CLEARLY.** Illegible applications will be returned for clarification, causing delays in licensure.

➔ APPLICATION AS

(CHECK ONE)

- ☐ Private Investigator  
☐ Bail Enforcement Agent  
☐ Watch, Guard or Patrol Agency

**\$150**  
FEE DUE

Check box that applies to you:

- ☐ Individual  
☐ Partnership  
☐ Trade Name  
☐ Corporation  
☐ Limited Liability Company  
☐ Limited Liability Partnership

Please enter your Unique I.D. Number:

APPLICANT'S NAME	LAST	FIRST	M.I.	SUFFIX	DATE OF BIRTH
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HOME ADDRESS	STREET ADDRESS (REQUIRED - PO BOX MAY BE ADDED TO ENSURE DELIVERY)
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CITY	STATE	ZIP+4	COUNTY
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BUSINESS NAME

PRINCIPAL OFFICE ADDRESS (NEW YORK STATE BUSINESS ADDRESS)	STREET ADDRESS (REQUIRED)

DAYTIME TELEPHONE NUMBER (OPTIONAL - IF PROBLEM WITH APPLICATION)	SOCIAL SECURITY NUMBER (SEE INSTRUCTIONS - PRIVACY NOTIFICATION)	FEDERAL TAXPAYER ID (SEE INSTRUCTIONS - PRIVACY NOTIFICATION)
( )		

OFFICERS OR PRINCIPALS	NAME	TITLE
	NAME	TITLE
	NAME	TITLE
	NAME	TITLE
	NAME	TITLE
	NAME	TITLE
	NAME	TITLE

PERSONS DESIGNATED TO TAKE FINGERPRINTS	LAST NAME	FIRST	M.I.	SUFFIX
	LAST NAME	FIRST	M.I.	SUFFIX
	LAST NAME	FIRST	M.I.	SUFFIX
	LAST NAME	FIRST	M.I.	SUFFIX
	LAST NAME	FIRST	M.I.	SUFFIX

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# Private Investigator, Bail Enforcement Agent, Watch, Guard or Patrol Agency Change of Business Name/Status Application

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## Background Questions -

YES or NO

1. Since your last application, have you ever been convicted in this state or elsewhere of any crime or offense that is a misdemeanor or a felony?..... \_\_\_\_\_
- IF "YES", you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.
2. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?..... \_\_\_\_\_
- IF "YES", you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).
3. Has any license, permit, commission, registration or application for a license, permit, commission, or registration held by you or a company in which you are or were a principal or employee in New York State or elsewhere ever been revoked, suspended or denied by any state, territory or governmental jurisdiction or foreign country for any reason?..... \_\_\_\_\_
- IF "YES", you must submit all relevant documents, including the agency determination, if any.
4. I am applying as a principal who meets the qualifying experience requirement. .... \_\_\_\_\_
5. I am applying as a nonqualifier (i.e., corporate officer, stockholder holding 10 percent or more of the corporate stock, partner or manager of a limited liability company or a limited liability partnership). .... \_\_\_\_\_
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**Child Support Statement -** By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

## Applicant Affirmation

I affirm that I am a qualifying officer for this license and have read and understand the provisions of Article 6D, 7 and 7-A of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). I further affirm that Worker's Compensation Insurance/Disability Benefits, for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

X \_\_\_\_\_

*Applicant Signature* *Date*

\_\_\_\_\_  
*Print Name*