

# CHANGE OF ADDRESS OR CONTACT INFORMATION

For Office Use Only  
Received Date Stamp

To request an amendment to your license, use [License Amendment Request Application form](#)  
To add or remove designated agents from your license, use [Request to Add Designated Agents form](#)

Use this form to report any changes in your address or contact information.

The Department will use the information you provide for all correspondence. Please fill out only those sections that you are requesting to have changed. You only need to fill out your new information, do not list any current information already on file with the Department.

**PLEASE ENTER YOUR NAME ON FILE WITH THE DEPARTMENT**

LICENSEE LAST NAME	FIRST NAME	MI

**1. IF YOUR NAME HAS CHANGED, PLEASE ENTER YOUR NEW/CURRENT NAME BELOW:**

LICENSEE LAST NAME (Current/New)	FIRST NAME	MI

**2. PLEASE CHANGE MY MAILING ADDRESS TO THE FOLLOWING FOR ALL FUTURE CORRESPONDENCE:**

MAILING ADDRESS			
CITY / TOWN	STATE	ZIP CODE	COUNTY

**3. PLEASE CHANGE MY CONTACT INFORMATION AS FOLLOWS:**

EMAIL	HOME TELEPHONE	WORK TELEPHONE	CELL TELEPHONE

**4.A. \*PLEASE CHANGE MY FACILITY ADDRESS TO THE FOLLOWING (COMPLETE BOTH SECTIONS 4.A. AND 4.B.):**

FACILITY NAME			
STREET ADDRESS (Physical address where licensed animals will be held)			
CITY / TOWN	STATE	ZIP CODE	COUNTY
FACILITY TELEPHONE	EMAIL		

\*NOTE: If this facility is used as a falconry mews or wildlife rehabilitation RVS facility, you must first have the facility inspected prior to housing any regulated species at the new location.

**4.B. THE NEW FACILITY ABOVE WILL BE USED TO HOUSE ANIMALS HELD UNDER THE AUTHORITY OF THE FOLLOWING LICENSE(S):**

LICENSE TYPE	LICENSE NUMBER	EXPIRATION DATE

**NOTICE:** Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

This form may only be used for current and valid licenses. If your license has expired, you will need to submit a new license application form following the license procedures outlined on the Department's web page: <http://www.dec.ny.gov/permits/359.html>

**MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:**

NYS Department of Environmental Conservation  
Special Licenses Unit · 5th Floor  
625 Broadway · Albany, New York 12233

For questions or concerns, please contact us

Phone: (518) 402-8985 · Fax: (518) 402-8925

Email: [SpecialLicenses@dec.ny.gov](mailto:SpecialLicenses@dec.ny.gov)

Website: [www.dec.ny.gov/63.html](http://www.dec.ny.gov/63.html)