



DEPARTMENT OF CONSUMER AND  
WORKER PROTECTION (DCWP)  
LICENSING CENTER  
42 Broadway, Lobby  
New York, NY 10004

**By Appointment Only Hours:**

Monday-Thursday: 8 a.m. – 4 p.m.  
Last appointment: 3:30 p.m.

NYC SMALL BUSINESS  
SUPPORT CENTER  
90-27 Sutphin Blvd, 4th Floor  
Jamaica, NY 11435

**By Appointment Only Hours:**

Monday-Thursday: 8 a.m. – 4 p.m.  
Last appointment: 3:30 p.m.

**Important:**

If there is a **change in ownership or partnership** of a DCWP-licensed business, you may need to submit a Request for Approval of Proposed Change of Owner or Partner available at [nyc.gov/dcwp](http://nyc.gov/dcwp). The license will immediately become VOID if you don't get DCWP's approval *before* these types of changes.

**Change in ownership:** You must get prior written approval from DCWP before a person or organization can become an owner of 10% or more of a licensed business.

**Change in Partnership:** You must get prior written approval from DCWP before any additions or terminations of a general partner or the dissolution of a partnership.

## Request for Approval of Proposed Change of Officer

If there is a change of officer of a DCWP-licensed business, you must submit this form. A current partner, director, corporate officer, member, and/or shareholder owning 10% or more of company stock of the licensed business must sign this form.

### I. Business Information – All requestors

Business Name
DCWP License Number

### II. Proposed Change in Officer – All requestors

You must provide information on *all* current officers and *all* proposed new officers. Attach additional sheets if necessary.

#### Current Officer #1

Last Name	Suffix ( <i>Jr., Sr., Esq.</i> ) ( <i>optional</i> )	First Name	Middle Name ( <i>optional</i> )
Title/Position			
Home Address			
Mailing Address ( <i>if different than Home Address</i> )			
Email Address			

**Current Officer #2**

Last Name	Suffix ( <i>Jr., Sr., Esq.</i> ) ( <i>optional</i> )	First Name	Middle Name ( <i>optional</i> )
Title/Position			
Home Address			
Mailing Address ( <i>if different than Home Address</i> )			
Email Address			

**Proposed New Officer #1**

Last Name	Suffix ( <i>Jr., Sr., Esq.</i> ) ( <i>optional</i> )	First Name	Middle Name ( <i>optional</i> )
Title/Position			
Home Address			
Mailing Address ( <i>if different than Home Address</i> )			
Email Address			

**Proposed New Officer #2**

Last Name	Suffix ( <i>Jr., Sr., Esq.</i> ) ( <i>optional</i> )	First Name	Middle Name ( <i>optional</i> )
Title/Position			
Home Address			
Mailing Address ( <i>if different than Home Address</i> )			
Email Address			

### III. Background Information on Proposed New Officer(s) – All requestors

Please answer Background Questions on behalf of any proposed new officer(s). Attach additional sheets if necessary.

#### Background Questions

1. Have you ever been licensed by DCWP? ☐ Yes ☐ No

**If Yes**, provide the following information:

DCWP License Number(s):   
Business/Individual Name(s):

2. Have you ever been principal\* of a DCWP-licensed business? ☐ Yes ☐ No

*\*officer, director, member, shareholder owning 10% or more, partner*

**If Yes**, provide the following information:

DCWP License Number(s):   
Business/Individual Name(s):

3. Have you had ANY government-issued license\*/permit suspended, voided, or revoked or application denied within the last five years? ☐ Yes ☐ No

*\*This does NOT include driver's licenses.*

**If Yes**, provide the following information:

License/Permit Type:   
Government License/Permit Number:   
Business/Individual Name:

4. Are you related by blood or marriage to a current or former DCWP licensee OR principal\* of a DCWP-licensed business? ☐ Yes ☐ No

*\*officer, director, member, shareholder owning 10% or more, partner*

**If Yes**, provide the following information:

DCWP License Number(s):   
Business/Individual Name(s):

5. Are there any unresolved civil charges\* filed against you or any business of which you were principal†? ☐ Yes ☐ No

*\*charges filed by a government agency that are NOT criminal;  
for example, Notice of Hearing or Summons*

*†officer, director, member, shareholder owning 10% or more,  
partner*

**If Yes**, provide the following information:

Name and Location of Court	Case Index Number	Government Agency

Attach additional sheets if necessary.

6. Have you ever been principal\* of a business that entered into a settlement agreement with a government agency or been the subject of a court judgment in a matter brought by a government agency within the last five years? ☐ Yes ☐ No

*\*officer, director, member, shareholder owning 10% or more,  
partner*

**If Yes**, please state if any judgment or settlement agreement has not been paid in full for 30 days or more or according to the schedule agreed upon by the parties.

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#### IV. Additional Background Information and Requirement – Requestors in Specific License Categories Only

Please answer the Background Question on behalf of any proposed new officer(s) if the business holds one of the following licenses:

- Booting Company
- Electronic & Home Appliance Service Dealer
- Employment Agency
- Home Improvement Contractor
- Pawnbroker
- Process Serving Agency
- Secondhand Dealer Auto
- Secondhand Dealer General
- Tow Truck Company

Attach additional sheets if necessary.

##### Background Question

1. Have you ever pled guilty or been convicted of ANY crime or offense within the last 10 years?\* ☐ Yes ☐ No

*\*Also select "Yes" if you served time in jail or prison within the last 10 years following a guilty plea or conviction.*

If Yes, please provide the required information below for each conviction.

**PLEASE TAKE THE TIME TO REVIEW YOUR RECORD BEFORE ENTERING REQUIRED INFORMATION. DCWP MAY DENY YOUR REQUEST IF YOU FAIL TO DISCLOSE A CONVICTION.**

A conviction does not, by itself, mean your request will be automatically denied. DCWP will consider various factors, such as the nature and seriousness of the offense, the amount of time that has passed since the conviction, and your age at the time of the conviction.

You may omit parking violations and offenses that resulted in a finding of juvenile delinquency, youthful offender, wayward minor, or person in need of supervision. Do NOT disclose any sealed convictions or findings.

Attach additional sheets if necessary.

Date of Conviction	Name and Location of Court	Charge (You may describe the charge if you do not recall the citation.)	Outcome (time served, community service, fine, etc.)

## Fingerprints and Processing Fee

These specific license categories require officers to be fingerprinted. Individuals must schedule an appointment with IdentoGO to be fingerprinted:

- Visit [uenroll.identogo.com](https://uenroll.identogo.com)
- Enter:
  - **Service Code** (see below for codes for specific license categories)

Service Code	License Category
1585SN	Booting Company
1585QR	Electronic & Home Appliance Service Dealer
	Employment Agency* (see below)
1585BH	Home Improvement Contractor
1585GF	Pawnbroker
1585J9	Process Serving Agency
1585KT	Secondhand Dealer Auto Secondhand Dealer General
1585N7	Tow Truck Company

- **Agency ID.** Enter numbers only from Amendment Number. Amendment Number is on your confirmation after you submit Change of Officer request online. *Example: For Amendment Number 1234-2023-AMND, enter only 12342023 as Agency ID.*
- Follow the instructions and pay the required fee(s).

### \*Employment Agency

Any proposed new employment agency managers, sole proprietors, general partners, corporate officers, principals, directors, members, and all shareholders owning 10% or more of company stock must be fingerprinted and submit fingerprints for a state and national criminal history record check by the Federal Bureau of Investigation. Individuals must follow these steps to be fingerprinted:

1. **Contact DCWP's Fitness Review Unit right away.**  
Call (212) 487-4089 or email [FRUUnit@dcwp.nyc.gov](mailto:FRUUnit@dcwp.nyc.gov).

DCWP will give you "Non-Criminal Justice Applicant's Privacy Rights." You must acknowledge receipt.

After you acknowledge receipt, DCWP will give you instructions on how to schedule a fingerprint appointment online with IdentoGO which performs all fingerprint services for DCWP.

2. **Schedule fingerprint appointment with IdentoGO.**  
Follow the instructions and pay the required fee(s).

## V. Affirmation

By signing below, I certify that the statements in this form are true and correct.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Print Title/Position

\_\_\_\_\_  
Date

11/29/2023