



OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Hearings Division

66 John Street
10th Floor
New York, NY 10038
1-844-OATH-NYC

General Vendor Invoice Search E-Mail Request

Date: _____

Requestor Information:

Name: _____

Mailing address: _____

Email address: _____

Telephone Number: _____

How would you like to receive the Invoice? ☐ Mail or ☐ E-Mail

An Invoice with a zero balance will be issued to you if it is determined that you DO NOT have any outstanding fines to be paid. If you are found to have outstanding fines, they will be listed on the invoice.

To process your request for an Invoice Search, you must provide the following information and email this request form to vendorinquiry@oath.nyc.gov

Previous addresses during the past 10 years:

| Address | Dates living at address (Month & Year) |
|---------|--|
| _____ | From _____ To _____ |
| _____ | From _____ To _____ |
| _____ | From _____ To _____ |

Social Security number: _____ Date of Birth: _____ Place of Birth: _____

Is this the first time you are applying for a General Vendor's License? ☐ Yes ☐ No

If YES, please provide a DD2-14 from the Department of Veteran Affairs or other proof of veteran status **and** a copy of the front and back of your Social Security card.

- ☐ DD2-14 from the Department of Veteran Affairs attached
- ☐ Other proof of veteran status attached
- ☐ Copy of the front and back of Social Security card attached

If NO, and you are seeking to **renew** your General Vendor's License with the Department of Consumer and Worker Protection (DCWP), please provide a copy of the front and back of your current General Vendor License **and** the following information:

Current License number: _____

Current Permit number: _____

- ☐ Copy of front and back of current General Vendor License attached.