



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
Fire Alarm, Burglar Alarm and  
Locksmith Advisory Committee  
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**Duplicate License Form**

**Please complete this form and return it to this office, together with the \$25.00 fee. Please submit a check or money order, payable to the State of New Jersey.**

Please check one:  Lost  Destroyed  Misplaced  Stolen  Never Received

Name: \_\_\_\_\_

License number: \_\_\_\_\_

Address of record: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Telephone number (include area code): \_\_\_\_\_

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*The Committee maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered your "address of record." If you do not indicate which address should be used as your **public** address of record, your mailing address will be considered your address of record. \*A Post Office Box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.*