

SOLICITOR PERMIT TRANSFER APPLICATION

*Application to be used when transferring a current active solicitor permit to a new NYS wholesaler.

Name of solicitor		Solicit	Solicitor serial #	
Beginning , the above solicitor will be employed by			yed by	
	Start date		Name of wholesaler	
	Wholesaler serial #	•		
issue	ed. The new certificat	e replaces the previous per	rocessed, a new certificate will be mit. The previous permit will no cation will result in disapproval	
		of the transfer request	t.	
THE FOLL	OWING CERTIFICATION	ON IS TO BE SIGNED AND D APPLICANT	ATED BY THE NEW EMPLOYER OF THE	
the applicant thr this application a authorized by or and answers in the corporation or co	ough the applicant's drive and the statements and an der of the Board of Direct his application on behalf o	er's license or non-drivers ID phaswers therein; that the same are tors of said applicant corporation of said corporation or company unents and answers itself. I certify	d employer, and that I have verified the identity of oto. I further certify that I know the contents of true to my knowledge; that I have been n, group or association to make the statements with the same force and effect as if said that I have read the terms and conditions for the	
Author	rized signature of employe	er		
Print na	ame and title of authorize	d officer	Date	

Email Instructions

Email application to Permits@sla.ny.gov

Subject line: Solictor Transfer Application