

MICHIGAN DEPARTMENT ENVIRONMENTAL QUALITY  
RESOURCE MANAGEMENT DIVISION



CHANGE OF BUSINESS NAME  
FOR  
WATER WELL DRILLING CONTRACTOR/PUMP INSTALLER

**Contractor Information:**

NAME \_\_\_\_\_ REG. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Registered Contractor)

**New Business Name:**

FIRM NAME \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

LOCATION OF PHONE \_\_\_\_\_ COUNTY \_\_\_\_\_

Email ADDRESS \_\_\_\_\_

BUSINESS TYPE: Sole Owner, Partnership, Corporation, Government,  
Other \_\_\_\_\_

POSITION WITH BUSINESS: Sole Owner, President, Vice President, Supervisor, Partner,  
Full Time Employee, Other \_\_\_\_\_

**Old Business Name:**

FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

*Attach a copy of the new **Certificate of Assumed Name or d.b.a.** (Doing Business As), which has been submitted to the county clerk. Send the completed form and d.b.a. to MDEQ, Resource Management Division, Drinking Water & Environmental Health Section, Well Construction Program, P.O. Box 30241, Lansing, MI 48909-7741 or Fax to 517-241-1328*