

REQUEST FOR MODIFICATION OF THE TERMS OF THE REGISTRATION/LICENSE

Michigan Department of Human Services
Bureau of Children and Adult Licensing
www.michigan.gov/afchfa

Submit this form to your licensing consultant.

Facility/Licensee Name				License Number
Street Address				
City	State	Zip Code	County	Telephone Number

Specific Modification Request

<input type="checkbox"/> Change of Capacity	Explain:
<input type="checkbox"/> Change of Use Space	Explain:
<input type="checkbox"/> Change of Age Ranges	Explain:
<input type="checkbox"/> Program Components	Explain:
<input type="checkbox"/> Other	Explain:
Additional Comments	
Licensee Signature	Date

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