

**Request for Address Change or Reissuance
of Electrical License / Apprentice Registration**
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Electrical Division
P.O. Box 30255, Lansing, MI 48909
517-241-9320
www.michigan.gov/bcc

Fee: \$30.00 per license

| | |
|---|--|
| Authority: 1956 PA 217 Completion: Mandatory Penalty: Licensee may not receive license renewal application / license will not be reissued | LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities. |
|---|--|

**THIS APPLICATION IS FOR AN ADDRESS CHANGE OR REISSUANCE OF A LICENSE ONLY
DO NOT USE THIS APPLICATION FOR A LICENSE RENEWAL OR IF YOUR LICENSE HAS ALREADY EXPIRED**

Instructions:

- Complete form as appropriate and sign application. Type or print in ink.
- Address changes do not generate a new license. If you are requesting a new license, your current pocket and wall license must accompany this application along with a check made payable to the **State of Michigan** for \$30.00 for each license.
- If you are requesting a license to be reissued for a reason other than a change of address you must provide the reason and submit any portion of the current license, i.e., pocket or wall license you have in your possession with this application along with a check made payable to the **State of Michigan** for \$30.00 for each license.
- Mail completed application, appropriate documents and payment to the address listed above.

| | | |
|---|---|--|
| <input type="checkbox"/> Address Change Only (No charge) | <input type="checkbox"/> Address Change-Reissue License | <input type="checkbox"/> Request for Reissuance of License State reason _____ |
|---|---|--|

License Type

INDICATE WHICH LICENSE(S) YOU HOLD IN WHICH AN ADDRESS CHANGE OR REISSUANCE OF LICENSE IS NECESSARY. PROVIDE YOUR LICENSE NUMBER.

| | |
|---|------------------|
| <input type="checkbox"/> Electrical Contractor | 61- _____ |
| <input type="checkbox"/> Master Electrician | 62- _____ |
| <input type="checkbox"/> Journeyman Electrician | 63- _____ |
| <input type="checkbox"/> Fire Alarm Contractor | 51- _____ |
| <input type="checkbox"/> Fire Alarm Specialty Technician | 52- _____ |
| <input type="checkbox"/> Sign Specialty Contractor | 53- _____ |
| <input type="checkbox"/> Sign Specialist | 54- _____ |
| <input type="checkbox"/> Apprentice Electrician | 64- _____ |
| <input type="checkbox"/> Fire Alarm Specialty Apprentice Technician | 50- _____ |

Previous Address (for address change only)

| | | | |
|---------|-------|----------|--------------------------------------|
| NAME | | | |
| ADDRESS | CITY | TOWNSHIP | |
| COUNTY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |

Current Address

| | | | |
|---------|-------|----------|--------------------------------------|
| NAME | | | |
| ADDRESS | CITY | TOWNSHIP | |
| COUNTY | STATE | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |

Certification and Signature

| | |
|--|------|
| I hereby certify the above information is true and accurate to the best of my knowledge. | |
| SIGNATURE OF LICENSEE | DATE |