

## Request for Name Change on Mechanical Contractor License

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Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes / Mechanical Division

P.O. Box 30255, Lansing, MI 48909

517-241-9325

www.michigan.gov/bcc

**License Fee:** \$30.00

Authority: 1984 PA 192 Completion: Mandatory Penalty: License will not be issued	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**Instructions:**

- Complete and sign application. Type or print in ink.
- **Your signature must be notarized.**
- Your original pocket and wall license must accompany this request.
- PA 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
- Enclose a check for **\$30.00** made payable to the **State of Michigan**.
- Mail completed application, required documents and payment to the address listed above.

**Agency Use Only**

**Type of Business**

<input type="checkbox"/> 1. Individual	<input type="checkbox"/> 3. Governmental Subdivision	<input type="checkbox"/> 5. Corporation / LLC
<input type="checkbox"/> 2. Association	<input type="checkbox"/> 4. Partnership	<input type="checkbox"/> 6. College or University

<b>Current Information</b>			LICENSE NUMBER
NAME		SOCIAL SECURITY NUMBER*	
ADDRESS		DATE OF BIRTH	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

**Requested Name Change**

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

**All of the following applicable supporting documents must be attached to this application.** Please indicate documents that are being submitted.

Copy of D.B.A.

A completed copy of the article of incorporation/organization

Certified copy of certificate of co-partnership

Notarized letter (on company letterhead) indicating the license holder is a full time employee and will be the Contractor of Record responsible for securing permits and supervision of all work performed.

**Certification and Signature**

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

Subscribed and sworn before me, this _____ day of _____, 20____,
a Notary Public in and for _____ County, Michigan.
Signature of Notary Public _____
My Commission expires: _____, 20____.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.