

**Change in Plumbing Contractor Representation**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Plumbing Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9330  
 www.michigan.gov/bcc

**Fee: \$30.00**

Authority: 2002 PA 733 Completion: Mandatory Penalty: Licensee may not receive license renewal application	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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**THIS FORM IS FOR MASTER PLUMBERS SEEKING TO REPRESENT ANOTHER PLUMBING CONTRACTOR**

Section 23(5) of 2002 PA 733 states, "If a master plumber representing a plumbing contractor ceases to represent the plumbing contractor, the master plumber shall notify the department in writing within **30 days after the representation ceases.**"

Section 39 of 2002 PA 733 states, "An individual licensed under this act employed or acting as a plumbing inspector shall not engage in, or be directly or indirectly connected with, the plumbing business including, but not limited to, the furnishing of labor, materials, or appliances for the construction, alteration, or maintenance of a building or the preparation of plans or specifications for the construction, alteration, or maintenance of a building and shall not engage in any work that conflicts with his or her official duties."

**Instructions:**

- Complete and sign application. Type or print in ink.
- **Return your current contractor pocket and wall license with this application. Retain a copy of this application and a copy of your current plumbing contractor license until new licenses are issued.**
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application, required documents and payment to the address listed above.

**Master Plumber Information**

NAME (Last, First, Middle)		BUSINESS NAME	MASTER PLUMBER LICENSE NUMBER <b>81 -</b>
HOME ADDRESS			TELEPHONE NUMBER (Include Area Code)
CITY	STATE	ZIP CODE	COUNTY

**Old Plumbing Contractor Representation**

NAME (Last, First, Middle)		BUSINESS NAME	PLUMBING CONTRACTOR LICENSE NUMBER <b>80 -</b>
BUSINESS ADDRESS			TELEPHONE NUMBER (Include Area Code)
CITY	STATE	ZIP CODE	COUNTY
SIGNATURE OF PAST PLUMBING CONTRACTOR			DATE

**New Plumbing Contractor Representation**

NAME (Last, First, Middle)		BUSINESS NAME	PLUMBING CONTRACTOR LICENSE NUMBER <b>80 -</b>
BUSINESS ADDRESS			TELEPHONE NUMBER (Include Area Code)
CITY	STATE	ZIP CODE	COUNTY
SIGNATURE OF PENDING PLUMBING CONTRACTOR			DATE

**Certification and Signature**

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