

**Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes**

Notice to Veterans

In accordance with 2012 PA 311, any veteran providing satisfactory proof of separation from the armed forces of the United States under “**honorable**” or “**general under honorable conditions**” is exempt from registration, licensing and examination fees. For consideration, please attach a copy of either a **DD-214**, and/or **DD-215** to your application.

If you do not have a DD-214 or DD-215 in your possession, please contact the Michigan Veterans Affairs Agency at (517) 284-5298 for assistance.

The Plumbing Division may be contacted at (517) 241-9330 if you have any questions prior to submission.

**Request for Address Change
on Plumbing License or Apprentice Registration**
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

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.
--	--

Instructions:

- Complete and sign application. Type or print in ink.
- Address changes do not generate a new license; therefore, no fee is required. However, if you are requesting a new license, return your current pocket and wall license with this application and enclose a check for \$30.00 made payable to the **State of Michigan**.
- Mail completed form to the address listed above.

INDICATE WHICH LICENSE TYPE YOU CURRENTLY HOLD			
<input type="checkbox"/> Contractor	<input type="checkbox"/> Master	<input type="checkbox"/> Journey	<input type="checkbox"/> Apprentice

Previous Address

NAME (Last, First, Middle)		TELEPHONE NUMBER (Include Area Code)	
ADDRESS		COUNTY	
CITY	STATE	ZIP CODE	

Current Address

NAME (Last, First, Middle)		TELEPHONE NUMBER (Include Area Code)	
ADDRESS		COUNTY	
CITY	STATE	ZIP CODE	

Certification and Signature

I hereby certify the above information is true and accurate to the best of my knowledge.		
SIGNATURE OF LICENSEE / APPRENTICE	LICENSE / REGISTRATION NUMBER	DATE