



LICENSE AGENT CONTACT UPDATES

This information is required under authority of Part 435 of Act 451 P.A. 1994, as amended.

DNR USE ONLY	
Agent Key	Rep Initials <i>Agent Website</i>
SO Key	Terminal Key

COMPLETE ALL REQUESTED INFORMATION BELOW FOR PROCESSING.

Agent / Corporate Office Information		
Owner/Officer Contact Name: ÁÁÁÁÁ	Telephone ÁÁÁÁÁ	FAX ÁÁÁÁÁ
Primary Contact Name: ÁÁÁÁÁ	Telephone ÁÁÁÁÁ	FAX ÁÁÁÁÁ
Other Contact: ÁÁÁÁÁ	Telephone ÁÁÁÁÁ	FAX ÁÁÁÁÁ
Agents Street address:ÁÁ ÁÁÁÁÁÁ ÁÁÁÁÁÁ ÁÁÁÁÁÁ ÁÁÁÁÁÁ	Agents MAILING address: (if different)ÁÁ ÁÁÁÁÁÁ ÁÁÁÁÁÁ ÁÁÁÁÁÁ ÁÁÁÁÁÁ	
Agents Email address:ÁÁ ÁÁÁÁÁ		

Sales Outlet / Store Information (if different)		
Owner/Officer Contact Name: ÁÁÁÁÁ	Telephone ÁÁÁÁÁ	FAX ÁÁÁÁÁ
Primary Contact Name: ÁÁÁÁÁ	Telephone ÁÁÁÁÁ	FAX ÁÁÁÁÁ
Other Contact: ÁÁÁÁÁ	Telephone ÁÁÁÁÁ	FAX ÁÁÁÁÁ
Sales Outlet STREET address:ÁÁ ÁÁÁÁÁÁ ÁÁÁÁÁÁ ÁÁÁÁÁÁ ÁÁÁÁÁÁ	Sales outlet MAILING address: (if different)ÁÁ ÁÁÁÁÁÁ ÁÁÁÁÁÁ ÁÁÁÁÁÁ ÁÁÁÁÁÁ	
Email address:ÁÁ ÁÁÁÁÁ		

I certify that the above information is true and correct. I am authorized to make all necessary changes or adjustments related to the account identified.

Agent Authorizing Signature _____ Title _____ Date _____

Please send completed **Contact Change Notice** to:

Licensing and Reservations OR FAX: 517-335-6504 OR Email: MDNR-E-License@michigan.gov
 Michigan Department of Natural
 PO Box 30181
 Lansing, Michigan 48909-7691