

Michigan Department of Licensing and Regulatory Affairs  
 Corporations, Securities & Commercial Licensing Bureau  
 BUILDERS  
 P.O. Box 30018, Lansing, MI 48909  
 517-241-9288  
 www.michigan.gov/builders

## REQUEST FOR CHANGE OF OFFICER/MEMBER/PARTNER FOR CORPORATION/LIMITED LIABILITY COMPANY/PARTNERSHIP

AUTHORITY: P.A. 299 of 1980, MCL 338.3434(A), AND 42 USC 654

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION  
 AND/OR DISCIPLINARY ACTION.

- You must submit a separate request for EACH license held.
- Submit a copy of the driver's license or state identification for the Officer/Member/Partner who is being added.

COMPANY INFORMATION	
Permanent ID Number from License	Company Name
Street Address	City/State/ZIP Code
Name of Qualifying Officer	Qualifying Officer Permanent ID Number
REMOVED OFFICER/MEMBER/PARTNER INFORMATION	
Name	Position Held in Company
ADDED OFFICER/MEMBER/PARTNER INFORMATION	
Name	Position Held in Company
Social Security Number	Date of Birth
Street Address	City/State/ZIP Code
Has any applicant, licensee, or each partner, trustee, director, officer, member, or shareholder ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No  Name: _____	
<p><b>SWORN STATEMENT:</b> I/we say that I/we are authorized to act on behalf of the applicant firm, and I/we depose and say that I/we have read the foregoing application and know the contents thereof, and that the statements within are true. I/we understand that the applicant firm will not be eligible to engage in activity requiring licensure until a license is approved and issued. I/we have not withheld information that might affect the decisions to be made on this application. I am/we are aware that a false statement or dishonest answer may be grounds for denial of this application or disciplinary action on my/our license or may be punishable by law. I/we hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me/us in this application, including checking criminal, civil and administrative records. I/we authorize the Department and its agents to examine my/our books and records at the Department's discretion.</p> <p>I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my certificate, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a), that the information will be used for purposes of identification and to minimize occupational license fraud.</p>	
_____ Qualifying Officer	_____ Date
_____ New Member/Officer/Partner	_____ Date