



STATE OF MICHIGAN
DEPARTMENT OF STATE
LANSING

Repair Facility Change of Address Notification

Dear Repair Facility Owner:

Please use this form to notify Licensing Unit of a change in your business address. The business address cannot be updated until notification of this change is received in writing.

Please complete the following:

Facility License Number: _____

Business Name: _____

Street Address: _____

City/State/Zip: _____

Owner's Signature: _____

Owner's Printed Name: _____

Return this notification to:

Michigan Department of State
Bureau of Regulatory Services
Licensing Unit
Lansing, MI 48918

Or fax the completed form to (517) 335-2810.

If you have any questions, please contact Licensing Unit at 1-888-SOS-MICH (1-888-767-6424).

Sincerely,

Licensing Unit
Bureau of Regulatory Services