Repair Facility Change of Address Notification

Dear Repair Facility Owner:

Please use this form to notify Business Licensing Section 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
Business Licensing Section
Lansing, MI 48918

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

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

Sincerely,

Business Licensing Section
Driver Programs Division