

Approved by:	Date:
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## DRIVER EDUCATION PROVIDER CERTIFICATE CHANGE OF NAME AND/OR CHANGE OF ADDRESS

**INDICATE THE CHANGE YOU WISH TO MAKE:**

- Change provider NAME (Complete Items 1, 2, and 4)
- Change provider ADDRESS and/or TELEPHONE NUMBER (Complete Items 1, 3, and 4)
- Change provider NAME and ADDRESS / TELEPHONE NUMBER (Complete all items)

<b>1. CURRENT PROVIDER INFORMATION</b>			
Provider Name (exactly as it appears on wall certificate)		Certificate Number	
Street Address		City, State, Zip	
Office Phone ( )	Office Fax ( )	E-mail Address	
<b>2. NEW PROVIDER NAME</b> Submit copies of business documents (i.e., assumed name filing, partnership agreement, Articles of Incorporation, or Articles of Organization). A bond rider must also be submitted indicating the new name.			
Provider Name (exactly as it appears on business documents)			
<input type="checkbox"/> Sole Owner (one person or husband/wife)	<input type="checkbox"/> Partnership (two or more persons or husband/wife)	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC	<input type="checkbox"/> Educational Institution <input type="checkbox"/> Governmental Agency
<b>3. NEW PROVIDER ADDRESS and/or TELEPHONE NUMBER</b> If new address, a bond rider must be submitted indicating the new business address.			
Street Address		County	City, State, Zip
Office Phone ( )	Office Fax ( )	E-mail Address	
Is this location a residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No	A business office may be in a residence. All student records must be stored at the provider's business office. Residential business offices must meet zoning and municipal requirements.		
Is there a classroom at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	If there is a classroom at this location, complete and submit a Classroom Approval / Fire Marshal Verification form (DES-024). Classrooms may not be located in a residence or a structure attached or adjacent to the residence.		
<b>4. SIGNATURES AND CERTIFICATIONS</b> An owner, partner, officer, director, designated representative / coordinator must sign below. <b>Educational Institutions:</b> Superintendent or administrator must sign. <b>Governmental Agencies:</b> Authorized official must sign.			
Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.			
<ul style="list-style-type: none"> <li>▪ I hereby certify that the business named in this application maintains, and will maintain, records as required by law.</li> <li>▪ I hereby affirm that the established office location meets all applicable zoning and municipality requirements.</li> <li>▪ I, as the representative of this provider, hereby certify that the statements contained in this application are true to the best of my knowledge and belief.</li> </ul>			
Printed Name	Signature	Title	Date

**Mail form and supporting documentation (copy of business documents, bond rider, and classroom approval / fire marshal form, if applicable) to:**

Michigan Department of State  
Licensing Unit  
Lansing, MI 48918



STATE OF MICHIGAN  
RUTH JOHNSON, SECRETARY OF STATE  
DEPARTMENT OF STATE  
LANSING

Dear Driver Education Provider:

You recently requested a form to file a change of name or address for your program, or we have determined that such a change has occurred. You must submit the following as applicable to your situation:

1. *Driver Education Provider Certificate Change of Name and/or Change of Address* form (DES-027): Please complete all items necessary for the type of change you are reporting.
2. Rider for *Driver Education Provider Surety Bond*: A bond rider must be submitted indicating the new name and/or address. Contact your bond company to obtain the rider.
3. Business documents: A new assumed name or d/b/a filing, partnership agreement, Articles of Incorporation, or Articles of Organization, evidencing the change of name, must be submitted. Note: A change of business entity (for example, partnership to corporation) requires an *Original Application for Driver Education Provider Certificate* (DES-014) to be submitted.
4. *Classroom Approval / Fire Marshal Verification* form (DES-024): If you are changing the business address and there is a classroom at the new address, complete this form and obtain the appropriate signature(s). Classrooms may not be located in a residence or a structure attached or adjacent to the residence.

Carefully complete the application and return it with the bond rider, copies of business documents, and the classroom approval / fire marshal verification form (if applicable). **The business name and business address must match exactly on all documents.**

Please remember that all driver education-related forms are available on the Department of State's Web site. Go to **[www.Michigan.gov/sos](http://www.Michigan.gov/sos)**. Click (on the left) on "Driver License and State ID," then on "Driver Education" or "Publications and Forms."

RETURN TO: Michigan Department of State  
Licensing Unit  
Lansing, MI 48918

Enclosures

4/2011