

DEMOGRAPHIC AMENDMENT APPLICATION

Please send all amendment-related communications to CRA-Amendments@michigan.gov.
 For more information about amendments, please view the [amendments webpage](#) on the CRA website.

| | | |
|--|--------------------------------------|----------------|
| General Information | | |
| Entity/Individual to be Updated: | | |
| Demographic Amendment Information | | |
| <input type="checkbox"/> Name (an updated Government ID is required if changing an individual's name): | | |
| <input type="checkbox"/> Phone Number: | | |
| <input type="checkbox"/> Email Address: | | |
| <input type="checkbox"/> Mailing Address: | | |
| Assumed Name and/or DBA Change | | |
| <input type="checkbox"/> Proposed Assumed Name/DBA: | | |
| The change applies to the following licenses: | | |
| License Number | License Number | License Number |
| License Number | License Number | License Number |
| License Number | License Number | License Number |
| License Number | License Number | License Number |
| License Number | License Number | License Number |
| License Number | License Number | License Number |
| License Number | License Number | License Number |
| License Number | License Number | License Number |
| Person Completing Form | | |
| Name (First, Middle, Last): | Affiliation with Applicant/Licensee: | |
| Email Address: | Phone: | |