

FIS 0201 (12/16) Department of Insurance and Financial Services Page 1 of 1
Individual Insurance Licensee Registration or Cancellation of DBA

Instructions:

1. This form is for use by individual insurance licensees.
2. Business entities (agencies) are required to register a DBA using the DIFS ILOS web page at www.michigan.gov/ilos. Forms submitted by business entities (agencies) will not be processed and will not be returned.
3. Individual insurance licensees must complete and sign the form.
4. Attach a certified copy of the dba county clerk filing. The filing will serve as legal proof of the dba.
5. Submit the form and required documentation as indicated at the bottom of this form.
6. There is no fee associated with filing this form.
7. DBAs do not appear on insurance licenses. Therefore, a new license document will not be printed and mailed as proof of the registration or cancellation of a dba.

DBA Request: Add Cancel Effective Date _____

Individual Licensee

Last Name	First Name	Middle Initial/Name	Suffix (Jr, Sr, I, II, etc.)
dba (doing business as)		System ID / License Number	
Daytime Phone Number (including area code)	Email Address	Social Security Number (last 4 digits)	

Certification: I certify that this information is true, complete, and correct.

Signature	Date signed
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Be certain that this form is complete, correct, signed, and dated. Attach a certified copy of the dba county clerk filing. Mail or fax to:

**DIFS Insurance Licensing Section
 PO Box 30220
 Lansing MI 48909-7720**

Fax Number: 517-284-8836

Authority: PA 218 of 1956 as amended. Submission of this form is required by licensees who do or will operate under an assumed name. Failure to file this information may result in an action against license(s) held, including a monetary fine, and/or license suspension or revocation.



Michigan Department of Insurance and Financial Services

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 Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442