



DATA CHANGE DUPLICATE LICENSE REQUEST

Authority: 1978 PA 368

PHARMACIES: DO NOT use this form for a name and/or address change. If changing the name of the pharmacy, complete the *Application for Miscellaneous Pharmacy Change* form. If the location of the pharmacy has changed, complete the *Application for Pharmacy License* form. Both forms can be obtained online.

MANUFACTURER/WHOLESALER: DO NOT use this form for a name and/or address change. Complete an *Application for Manufacturer/Wholesaler License* form which can be obtained online.

With the exception of the license types listed above, address changes can also be processed online by visiting our website at www.michigan.gov/elicense. However, please use this form when requesting a name change.

NO CHANGES WILL BE MADE IF THIS FORM IS NOT COMPLETE.

Name as it Currently Appears on the License (First, Middle, Last)	
Profession	10-Digit MI Permanent ID/License Number (list additional numbers below)
Telephone Number	E-Mail Address
<p>LICENSE/REGISTRATION CHANGE: Please specify which license(s)/registration(s) you want changed.</p> <p style="text-align: center;"> <input type="checkbox"/> Professional License/Registration <input type="checkbox"/> Controlled Substance <input type="checkbox"/> Specialty License <input type="checkbox"/> Drug Control <input type="checkbox"/> Drug Treatment Prescriber </p> <p>If applicable, please list all additional 10-Digit MI Permanent ID/License Numbers requiring a change below:</p> <p>_____</p> <p>_____</p>	
<p>DUPLICATE LICENSE - \$10.00 for EACH license: I request the Department to issue a duplicate license for the following reason:</p> <p style="text-align: center;"> <input type="checkbox"/> Data Change <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed </p> <p>If your license will expire in the next 60 days, you do not need to pay for a duplicate license. You will receive a new license after the renewal is processed.</p>	
Check the License(s)/Registration(s) type below for which a duplicate license is requested	FOR OFFICE USE ONLY
Professional License/Registration - \$10.00 Specialty License - \$10.00 Controlled Substance - \$10.00 Drug Control - \$10.00 Drug Treatment Prescriber - \$10.00	
Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH. Fees are non-refundable.	

LARA/BPL-DATACHG/DUPREQ (Rev. 02/16)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name as it Currently Appears on the License (First, Middle, Last)		
NAME CHANGE: Your signature must be provided below. If you would like a new license reflecting your new name, please see the fee requirement on page one.		
New Name Requested (First, Middle, Last)		
Reason for Change		
ADDRESS CHANGE FOR PROFESSIONAL LICENSE/REGISTRATION AND SPECIALTY LICENSE: Your signature must be provided below. If you would like a new license reflecting your new address, please see the fee requirement on page one.		
Name of Office/Facility (if applicable)		
New Street Address		
City	State	Zip Code
ADDRESS CHANGE FOR CONTROLLED SUBSTANCE, DRUG TREATMENT PRESCRIBER, AND DRUG CONTROL LICENSE: Your signature must be provided below. If you would like a new license reflecting your new address, please see the fee requirement on page one.		
Name of Office/Facility		
New Street Address of Office/Facility		
City	State	Zip Code
Signature and Date <i>(required for name or address change)</i>		
I am requesting the Department to change my records due to a name and/or address change as indicated above.		
_____ Signature	_____ Date	