



Bureau of Professional Licensing
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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. 10/18)

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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
<p>Signature and Date <i>(required for name or address change)</i></p> <p>I am requesting the Department to change my records due to a name and/or address change as indicated above.</p>		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date	