



**Michigan Department of Environment, Great Lakes, and
Energy
Drinking Water and Environmental Health Division**

**Change of Business Name for
Water Well Drilling Contractor/Pump Installer**

Contractor Information:

NAME _____ REG. NO. _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____ FAX _____
SIGNATURE _____ DATE _____
(Registered Contractor)

New Business Name:

FIRM NAME _____
ADDRESS 1 _____
ADDRESS 2 _____
CITY, STATE, ZIP _____
PHONE _____ FAX _____
LOCATION OF PHONE _____ COUNTY _____
Email ADDRESS _____
BUSINESS TYPE: Sole Owner, Partnership, Corporation, Government, Other
POSITION WITH BUSINESS: Sole Owner, President, Vice President, Supervisor,
Partner, Full Time Employee, Other _____

Old Business Name:

FIRM NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____ FAX _____

*Attach a copy of the new **Certificate of Assumed Name or d.b.a.** (Doing Business As), which has been submitted to the county clerk. Send the completed form and d.b.a. to EGLE Drinking Water and Environmental Health Division, Environmental Health Section, Source Water Unit, Well Construction Program, P.O. Box 30817, Lansing, MI 48909-8311 or Fax to 517-241-1328.*