

Request for Name Change on Fire Alarm Contractor License
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Electrical Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9320
 www.michigan.gov/bcc

License Fee: \$30.00

Authority: 1956 PA 217 Completion: Mandatory Penalty: License will not be issued	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Instructions:

- Complete and sign application. Type or print in ink.
- **Provide copies of incorporation, partnership or D.B.A. papers.**
- **Your original pocket and wall license must accompany this request.**
- **Your signature must be notarized.**
- PA 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
- Enclose a check for **\$30.00** made payable to the **State of Michigan**.
- Mail completed application, required documents, and payment to the address listed above.

Current Information			LICENSE NUMBER
NAME OF PERSON, FIRM OR CORPORATION LICENSED			SOCIAL SECURITY NUMBER*
ADDRESS	CITY	TOWNSHIP	
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
NAME OF OFFICERS			

NAME OF FIRE ALARM SPECIALTY TECHNICIAN REPRESENTING BUSINESS			LICENSE NUMBER
ADDRESS	CITY	TOWNSHIP	
COUNTY	STATE	ZIP CODE	

Requested Name Change

NAME OF PERSON, FIRM OR CORPORATION TO BE LICENSED			
ADDRESS	CITY	TOWNSHIP	
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

For an LLC or corporation, or if the fire alarm specialty technician listed above is not also the contractor applying, then he/she shall provide this office with an **original notarized** letter stating that he/she will be in your full time employ and shall be actively in charge of and responsible for code compliance of all installations of fire alarm system wiring and equipment.

Certification and Signature

I certify the above information is true and accurate to the best of my knowledge.		Subscribed and sworn before me, this ___ day of _____, 20___, a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____, 20___.
SIGNATURE	DATE	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.