

REQUEST FOR MODIFICATION OF THE TERMS OF THE REGISTRATION/LICENSE

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
www.michigan.gov/afchfa

Submit this form to your licensing consultant.

Facility/Licensee Name	Street Address			License Number
City	State	Zip Code	County	Telephone Number
Specific Modification Request				
<input type="checkbox"/> Change of Capacity Explain:				
<input type="checkbox"/> Change of Use Space Explain:				
<input type="checkbox"/> Change of Age Ranges Explain:				
<input type="checkbox"/> Program Components Explain:				
<input type="checkbox"/> Other Explain:				
Additional Comments				
Licensee Signature				Date