

Qualifying Officer Change Application
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes/ Licensing Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9316
 lara-bcc-licensing@michigan.gov

Authority: 1980 PA 299, MCL 338.3434a Penalty: Failure to provide information may result in denial of your request.	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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General Instructions:

- Mail completed application and payment to address listed above

I have the ability and will serve the public in a fair, honest, and open manner. If I had a judgement of guilt in a criminal proceeding or a civil action against me, I am rehabilitated or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license.

Yes No

***** Any documentation submitted with your application becomes property of the State of Michigan and will not be returned.

Applicant Information

COMPANY NAME		LICENSE NUMBER	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (Include Area Code)		E-MAIL ADDRESS	

New Qualifying Office Information

NAME (First, Middle, Last)	LICENSE NUMBER OR LAST 4 OF SSN
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CHECK THE LICENSE TYPE		FOR OFFICE USE ONLY	
<input type="checkbox"/> Residential Builder Qualifying Officer Change	\$10.00	2102-33	LICENSE NUMBER ISSUE DATE
<input type="checkbox"/> Residential Maintenance & Alteration Contractor Qualifying Officer Change	\$10.00	2104-33	

CERTIFICATION

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.

SIGNATURE	DATE
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