



REQUEST OF CHANGE: FORM A

Mail to: Michigan Department of State • Driver Education Section
430 W. Allegan St. • Lansing, MI 48918

THIS REQUEST OF CHANGE IS FOR

<input type="checkbox"/> Business Name	<input type="checkbox"/> Business Physical Address	<input type="checkbox"/> Business Interest Type
<input type="checkbox"/> Doing Business As (DBA)	<input type="checkbox"/> Business Mailing Address	<input type="checkbox"/> Designated Representative

PROVIDER INFORMATION

Provider Certificate Number P 0 0 0 _____	Print Current Name of Provider	Date
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PART A – BUSINESS NAME

New Name of Business (Exactly as it appears on registered business documents.)

1A – ADDITIONAL REQUIRED DOCUMENTS TO SUBMIT

- Vehicle Insurance ACORD Certification form.
- Surety Bond Rider (EXEMPT: Educational Institutions and Governmental Agencies.)

PART B – DOING BUSINESS AS (DBA)

Remove	Add	Print the Doing Business As (DBA) name to be removed or added.	Expiration Date
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

1B – ADDITIONAL REQUIRED DOCUMENTS TO SUBMIT

- DBA/Assumed Name business creation documents (If adding.)

PART C – BUSINESS PHYSICAL ADDRESS

Select Address Type: Residential Commercial

Remove	Add	Print the Business Physical Address to be removed or added.				
<input type="checkbox"/>	<input type="checkbox"/>	Address	City	State	Zip Code	County
<input type="checkbox"/>	<input type="checkbox"/>	Address	City	State	Zip Code	County

1C – ZONING and MUNICIPAL APPROVAL (EXEMPT: Educational Institutions and Governmental Agencies.)

Address	City	County
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Location is APPROVED for use as an established office location to conduct a driver education provider business.

Location is NOT APPROVED for use as an established office location to conduct a driver education provider business.

▪ I hereby certify that the ADDRESS listed above has been inspected, if required by ordinance or procedures, and is either approved or not approved by the zoning or municipal authority as indicated here.

Signature of Zoning/Municipal Authority	Phone Number	Approval Date:
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Printed Name of Zoning/Municipal Authority	Jurisdiction (City, Township, etc.)
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2C – ADDITIONAL REQUIRED DOCUMENTS TO SUBMIT

- Vehicle Insurance ACORD Certification form.
- Surety Bond Rider (EXEMPT: Educational Institutions and Governmental Agencies.)

PART D – BUSINESS MAILING ADDRESS

Remove	Add	Print the Business Mailing Address to be removed or added.				
<input type="checkbox"/>	<input type="checkbox"/>	Address	City	State	Zip Code	County
<input type="checkbox"/>	<input type="checkbox"/>	Address	City	State	Zip Code	County

PART E – BUSINESS INTEREST TYPE

1.	<input type="checkbox"/> Remove	<input type="checkbox"/> Update Email or Phone #	<input type="checkbox"/> Update Title
Legal Full Name			Email Address
Title			Phone Number
2.	<input type="checkbox"/> Remove	<input type="checkbox"/> Update Email or Phone #	<input type="checkbox"/> Update Title
Legal Full Name			Email Address
Title			Phone Number

1E – ADD BUSINESS INTEREST TYPE

1.	Select Type:	<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Director
First Name	Middle	Last	Suffix	Date of Birth	
Home Address			City	State	Zip
Driver License Number	State Issued	Email Address		Phone Number ()	

2E – ADDITIONAL REQUIRED DOCUMENTS TO SUBMIT

▪ RI-030 Livescan Fingerprint Background Check Request (All new owners must complete and submit. EXEMPT: Educational Institutions and Governmental Agencies. All new and current business interest types must complete **PART H – CERTIFICATION**.)

PART F – DESIGNATED REPRESENTATIVE

1.	<input type="checkbox"/> Remove	<input type="checkbox"/> Update Email or Phone #	
Legal Full Name		Email Address	Phone Number
2.	<input type="checkbox"/> Remove	<input type="checkbox"/> Update Email or Phone #	
Legal Full Name		Email Address	Phone Number

1F – ADD DESIGNATED REPRESENTATIVE

First Name	Middle	Last	Suffix	Date of Birth	
Home Address			City	State	Zip
Driver License Number	State Issued	Email Address		Phone Number ()	

2F – ADDITIONAL REQUIRED DOCUMENTS TO SUBMIT

▪ RI-030 Livescan Fingerprint Background Check Request (All new owners must complete and submit. EXEMPT: Educational Institutions and Governmental Agencies. All new and current business interest types must complete **PART H – CERTIFICATION**.)

PART G – STATEMENTS AND STIPULATION (Complete ONLY if you added an individual in Parts E and/or F.)

1G – STATEMENTS

1. Has the applicant or any partner, employee, officer, director or its designated representative or coordinator ever applied for a driver education provider certificate in this state or any other state? Yes No
 If YES, what state and was the certificate: State: _____ In Good Standing Denied Suspended
2. Has the applicant or any partner, employee, officer, director or its designated representative or coordinator have any civil actions now or pending against this business or any member, directly or indirectly involved in this business? Yes No
 If YES, what state and/or jurisdiction and explain on a separate sheet of paper.

2G – STIPULATION

The applicant agrees that legal process affecting the applicant, served on the secretary of state against the applicant or the applicant's successor in interest for a violation of this act, a rule promulgated under this act, or an order issued under this act, has the same effect as if personally served on the applicant. This appointment remains in force as long as the applicant has any outstanding liability within this state under this act (2006 PA 384).

Signature of Applicant	Date Signed
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PART H – CERTIFICATION (Each Owner, Partner, Officer, Director, and Designated Representative listed in Parts E and F must sign the CERTIFICATION below)

Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.

- I/we hereby grant the licensing authority in any state or jurisdiction listed in this application authority to release information concerning any previous certificate (license) applications, certificate (license) history, and disciplinary actions or sanctions to the Department of State.
- I/we hereby affirm to have read the most current Driver Education Provider Manual (includes Act 384 of 2006) and the Driver Education Curriculum Guide and understand all requirements within.
- I/we hereby affirm to provide other information and documents as prescribed by the Secretary of State necessary to determine whether the applicant meets the requirements of this act (2006 PA 384).
- I/we hereby certify that the persons named in this application are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this certificate.
- I/we hereby affirm that the established office location meets all applicable zoning and municipality requirements.
- I/we authorize the Department of State to receive and review the criminal history of the individuals listed in Parts E and F obtained from the Michigan State Police and the FBI.
- With knowledge of the penalties for false statements under, but not limited to, Section 69 of the Driver Education Provider and Instructor Act [MCL 256.689, PA 384 of 2006], I/we certify that the statements and information contained in this application are true to the best of my/our knowledge and belief.

1.	Printed Applicant Name	Title
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Signature of Applicant	Date Signed
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2.	Printed Applicant Name	Title
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Signature of Applicant	Date Signed
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3.	Printed Applicant Name	Title
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Signature of Applicant	Date Signed
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