



REQUEST OF CHANGE: FORM B

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 Contact Information	<input type="checkbox"/> Instructor Employment	<input type="checkbox"/> Duplicate Certificate	<input type="checkbox"/> Out of State Driving Record
<input type="checkbox"/> Training Vehicle(s)	<input type="checkbox"/> STS User Access	<input type="checkbox"/> Range/Training Facilities	<input type="checkbox"/> Remove Classroom

PROVIDER INFORMATION

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

Remove	Change	Add	Business Item Name	Enter item to remove, change, or add to your business contact information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phone Number	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fax Number	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Email Address	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Website	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business Operational Hours/Days	

PART B – APPROVED CLASSROOM LOCATION(S)

Remove	Building Name	Classroom Address	Room #	# of Students
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

PART C – MULTIPLE VEHICLE DRIVING FACILITY (RANGE)

Remove	Add	Building Name	Range Address
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

1C – ADDITIONAL REQUIRED DOCUMENTS TO SUBMIT

- Non-refundable application fee: **\$125.00** per requested range to add. Make payable to: State of Michigan.
- Detailed diagram (drawn to scale of range, including obstacles).
- Photos of the range.
- BTW Lesson Plans

PART D – TRAINING VEHICLE

Remove	Add	VIN Number	Remove	Add	VIN Number
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

1D – ADDITIONAL REQUIRED DOCUMENTS TO SUBMIT

- Vehicle Insurance ACORD Certification form ONLY if adding.

PART E – INSTRUCTOR EMPLOYMENT

Remove	Add	Name of Instructor	Instructor Certificate #	Date of Employment (Complete ONLY if adding instructor.)
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

PART F – EXAM ACCESS USER *(Applicable to Driver Education Providers with a Teen classification.)*

Remove	Add	Name of Exam Access User	Title
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

PART G – CERTIFICATION

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 certify that the statements and information contained in this application are true to the best of my knowledge and belief.

1.	Printed Name of Authorized Provider's Official	Title
Signature of Authorized Provider's Official		Date Signed