



**CHANGE OF BUSINESS NAME  
FOR WATER WELL DRILLING CONTRACTOR/PUMP INSTALLER**

**Contractor Information:**

NAME \_\_\_\_\_ REG. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Registered Contractor)

**New Business Name:**

FIRM NAME \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

LOCATION OF PHONE \_\_\_\_\_ COUNTY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BUSINESS TYPE: (Circle One)

Sole Owner, Partnership, Corporation, Government, Other \_\_\_\_\_

POSITION WITH BUSINESS: (Circle One)

Sole Owner, President, Vice President, Supervisor, Partner,

Full Time Employee, Other \_\_\_\_\_

**Old Business Name:**

FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

Attach a copy of the new **Certificate of Assumed Name or DBA** (doing business as), which has been submitted to the county clerk. Send the completed form and DBA to EGLE Drinking Water and Environmental Health Division, Environmental Health Section, Source Water Unit, Well Construction Program, P.O. Box 30817, Lansing, Michigan 48909-8311 or Fax to 517-241-1328.

If you need this information in an alternate format, contact [EGLE-Accessibility@Michigan.gov](mailto:EGLE-Accessibility@Michigan.gov) or call 800-662-9278.

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