MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

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 or call 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.