

Change in Company Representation/Company or Personal Name Change/ Change of Address

Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes/ Licensing Section
 PO Box 30254 (without fee), PO Box 30255 (with fee), Lansing, MI 48909
 (517)241-9316/ lara-bcc-licensing@michigan.gov

Authority: PA 407 of 2016

Instructions:

- Make check payable to the State of Michigan and mail to the licensing division at address listed above.
- **A separate form must be submitted for each license.**

<p>Electrical/Mechanical/Code Official</p> <p><input type="checkbox"/> License or Apprentice Registration Personal Name or Address Change - No reissuance - No fee</p> <p><input type="checkbox"/> Contractor Company Name Change or Address Change - No reissuance - No fee</p> <p><input type="checkbox"/> License or Apprentice Registration Reprint/Reissuance - \$10.00</p> <p>Boiler</p> <p><input type="checkbox"/> Boiler License Personal Name Change -\$5.00</p> <p><input type="checkbox"/> Boiler License Address Change - No reissuance - No fee</p> <p><input type="checkbox"/> Boiler License Address Change <u>with reprint</u> - \$5.00</p> <p><input type="checkbox"/> License or Apprentice Registration Reprint/Reissuance- \$5.00</p> <p><input type="checkbox"/> Change of License Affiliation- No reissuance - No fee</p> <p>Plumbing</p> <p><input type="checkbox"/> Plumbing License Personal Name Change \$30.00</p> <p><input type="checkbox"/> Plumbing License or Apprentice Registration Address Change - No reissuance - No fee</p> <p><input type="checkbox"/> Plumbing License or Apprentice Registration Address Change <u>with reprint</u> \$30.00</p> <p><input type="checkbox"/> License or Apprentice Registration Reprint/Reissuance- \$30.00</p>	<p>FOR OFFICE USE ONLY (99)</p>
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Current Information			LICENSE NUMBER
LEGAL GOVERNMENT NAME (FIRST, MIDDLE INITIAL, LAST)		Company Name (if applicable)	
ADDRESS		TELEPHONE NUMBER (Include Area Code)	
CITY	STATE	ZIP CODE	
EMAIL ADDRESS			

Changes Requested			LICENSE NUMBER
LEGAL GOVERNMENT NAME (FIRST, MIDDLE INITIAL, LAST)		Company Name (if applicable)	
ADDRESS		TELEPHONE NUMBER (Include Area Code)	
CITY	STATE	ZIP CODE	
EMAIL ADDRESS			

Signature

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect decisions to be made on this application.	
SIGNATURE	DATE