

DEMOGRAPHIC AMENDMENT APPLICATION

Please send all amendment-related communications to CRA-Amendments@michigan.gov.
 For more information about amendments, please view the [amendments webpage](#) on the CRA website.

General Information		
Entity/Individual to be Updated:		
Demographic Amendment Information		
<input type="checkbox"/> Name (an updated Government ID is required if changing an individual's name):		
<input type="checkbox"/> Phone Number:		
<input type="checkbox"/> Email Address:		
<input type="checkbox"/> Mailing Address:		
Assumed Name and/or DBA Change		
<input type="checkbox"/> Proposed Assumed Name/DBA:		
The change applies to the following licenses:		
License Number	License Number	License Number
License Number	License Number	License Number
License Number	License Number	License Number
License Number	License Number	License Number
License Number	License Number	License Number
License Number	License Number	License Number
License Number	License Number	License Number
License Number	License Number	License Number
Person Completing Form		
Name (First, Middle, Last):	Affiliation with Applicant/Licensee:	
Email Address:	Phone:	