



STATE OF MICHIGAN
DEPARTMENT OF STATE
LANSING

MEMORANDUM

TO: Licensed Mechanic
FROM: Business Licensing Section
SUBJECT: **Change of Mailing Address**

If there has been a change in your mailing address, please complete the following information:

Mechanic Number M	Name
*New Street Address	City, State, Zip Code
*Old Street Address	City, State, Zip Code
Your Signature	

*The address must be for your current mailing address.

If you have any questions, contact the Customer Service Center at 1-888-767-6424. This form may be returned by fax or may be mailed to the address below:

Michigan Department of State
Business Licensing Section
Lansing, MI 48918
Fax: 517/335-2810
Licensing@Michigan.Gov