



INSTRUCTOR REQUEST OF CHANGE

Mail to: Michigan Department of State • Driver Education Section
430 W. Allegan St. • Lansing, MI 48918

THIS REQUEST OF CHANGE IS FOR			
<input type="checkbox"/> Contact Information		<input type="checkbox"/> Mailing Address	
<input type="checkbox"/> Medical Examination Report		<input type="checkbox"/> Out-of-State Driving Record	
<input type="checkbox"/> Duplicate Instructor Certificate			
PART A – INSTRUCTOR INFORMATION			
Instructor Certificate Number		Printed Name of Instructor	
		Date	
PART B – CONTACT INFORMATION			
Phone Number		Email Address	
PART C – MAILING ADDRESS			
Mailing Address			
City		State	Zip Code
County			
PART D – OUT-OF-STATE DRIVING RECORD			
Please enter the printed date on your current verified driving record.		Date:	
1D – ADDITIONAL DOCUMENTS TO SUBMIT			
<ol style="list-style-type: none"> 1. A copy of your driver's license 2. A copy of your current verified driving record. 			
PART E – MEDICAL EXAMINATION REPORT			
Please enter the completion date on your Medical Examination Report.		Date:	
1E – ADDITIONAL DOCUMENTS TO SUBMIT			
<ol style="list-style-type: none"> 1. DES-N05 MEDICAL EXAMINATION REPORT 			
PART F – DUPLICATE CERTIFICATE			
Please check the box that best describes the reason for your request.		<input type="checkbox"/> I lost my certificate.	<input type="checkbox"/> My certificate may have been stolen.
PART G – CERTIFICATION			
<p>Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.</p> <ul style="list-style-type: none"> ▪ With knowledge of the penalties for false statements under, but not limited to, Section 69 of the Driver Education Provider and Instructor Act [MCL 256.689, PA 384 of 2006], I certify that the statements and information contained in this form are true to the best of my knowledge and belief. 			
Printed Name of Instructor		Date Signed	
Signature of Instructor			