



# REQUEST OF CHANGE: FORM B

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"/> Business Contact Information	<input type="checkbox"/> Instructor Employment	<input type="checkbox"/> Duplicate Certificate	<input type="checkbox"/> Out of State Driving Record
<input type="checkbox"/> Training Vehicle(s)	<input type="checkbox"/> Exam User Access (Print Tests)	<input type="checkbox"/> Range/Training Facilities	<input type="checkbox"/> Remove Classroom

### PROVIDER INFORMATION

Provider Certificate Number <b>P 0 0 0</b> _____	Print Current Name of Provider	Date
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### PART A – BUSINESS CONTACT INFORMATION

Remove	Change	Add	Business Item Name	Enter item to remove, change, or add to your business contact information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phone Number	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fax Number	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Email Address	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Website	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business Operational Hours/Days	

### PART B – APPROVED CLASSROOM LOCATION(S)

Remove	Building Name	Classroom Address	Room #	# of Students
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

### PART C – MULTIPLE VEHICLE DRIVING FACILITY (RANGE) *(Applicable to Driver Education Providers with a Teen classification only.)*

Remove	Add	Building Name	Range Address
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

### 1C – ADDITIONAL REQUIRED DOCUMENTS TO SUBMIT

- Non-refundable application fee: **\$125.00** per requested range to add. Make payable to: State of Michigan.
- Detailed diagram (drawn to scale of range, including obstacles).
- Photos of the range.
- BTW Lesson Plans

**PART D – TRAINING VEHICLE**

Remove	Add	VIN Number	Remove	Add	VIN Number
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

**1D – ADDITIONAL REQUIRED DOCUMENTS TO SUBMIT**

- Vehicle Insurance ACORD Certification form

**PART E – INSTRUCTOR EMPLOYMENT**

Remove	Add	Name of Instructor	Instructor Certificate #	Date of Employment / Removal
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

**PART F – EXAM ACCESS USER** *(Applicable to Driver Education Providers with a **Teen classification only** - access to written test questions for Segment 1 and 2 courses.)*

Remove	Add	Name of Exam Access User	Title
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

**PART G – CERTIFICATION**

- I/we hereby affirm to have read, understand, and will comply with the compliance procedures as prescribed by the Secretary of State’s most current Driver Education Provider Manual authorized under PA 384 of 2006, as amended.
- I/we hereby affirm to comply with the Driver Education Curriculum Guide as administered and/or approved by the Secretary of State, and understand all requirements within.
- I/we hereby affirm to ensure that students and their parents/guardians will be treated with dignity and respect, including promoting the health, safety and well-being of students by establishing and maintaining appropriate verbal, physical, emotional, and social boundaries.
- 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/we certify that the statements and information contained in this application are true to the best of my/our knowledge and belief.

1.	Printed Name of Provider’s Authorized Official	Title
	Signature of Provider’s Authorized Official	Date Signed