

**Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes**

Notice to Veterans

In accordance with 2012 PA 311, any veteran providing satisfactory proof of separation from the armed forces of the United States under **“honorable”** or **“general under honorable conditions”** is exempt from registration, licensing and examination fees. For consideration, please attach a copy of either a **DD-214**, and/or **DD-215** to your application.

If you do not have a DD-214 or DD-215 in your possession, please contact the Michigan Veterans Affairs Agency at (517) 284-5298 for assistance.

The Plumbing Division may be contacted at (517) 241-9330 if you have any questions prior to submission.

Request for Business Name Change on Plumbing Licenses

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Plumbing Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9330
 www.michigan.gov/bcc

License Fee: \$30.00

Authority: 2002 PA 733 Completion: Mandatory Penalty: License will not be issued	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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THIS FORM IS FOR EXISTING PLUMBING CONTRACTORS SEEKING TO CHANGE THE NAME OF THEIR FIRM

Section 23(5) of 2002 PA 733 states, "If a master plumber representing a plumbing contractor ceases to represent the plumbing contractor, the master plumber shall notify the department in writing within **30 days after the representation ceases.**"

Section 39 of 2002 PA 733 states, "An individual licensed under this act employed or acting as a plumbing inspector shall not engage in, or be directly or indirectly connected with, the plumbing business including, but not limited to, the furnishing of labor, materials, or appliances for the construction, alteration, or maintenance of a building or the preparation of plans or specifications for the construction, alteration, or maintenance of a building and shall not engage in any work that conflicts with his or her official duties."

Instructions:

- Complete and **sign original** application. Type or print in ink.
- **Your signature must be notarized.**
- **Individuals who received their contractor's license without taking an examination will be required to examine when changing companies.**
- Plumbing contractors shall provide one of the following:
 - A notarized letter stating you are the sole proprietor with the exact business name.
 - Current copies of partnership papers.
 - Current copies of legal documents indicating you are an officer of a corporation or limited liability company.
- **Your original pocket and wall license must accompany this request (both contractor and master licenses).** Retain a copy of this application and a copy of your current licenses until new licenses are issued.
- Enclose a check for **\$30.00** made payable to the **State of Michigan**.
- Mail completed application, required documents and payment to the address listed above.

LICENSE NUMBER(S) 80 - _____ 81 - _____

Current Information

NAME (Last, First, Middle Initial)		OLD BUSINESS NAME	
BUSINESS ADDRESS			DATE OF BIRTH
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

New Name/Business Name

EXACT NEW BUSINESS NAME TO APPEAR ON LICENSE			
BUSINESS ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
Are you employed as a plumbing inspector? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate type of municipality and provide name. <input type="checkbox"/> 1. State <input type="checkbox"/> 2. County <input type="checkbox"/> 3. City <input type="checkbox"/> 4. Village <input type="checkbox"/> 5. Township of _____			

Certification and Signature

I hereby certify the above information is true and accurate to the best of my knowledge and I have no outstanding permits with any agency.	Subscribed and sworn before me, this _____ day of _____, 20____, a Notary Public in and for _____ County, Michigan.
SIGNATURE OF PLUMBING CONTRACTOR	DATE
Signature of Notary Public: _____ My Commission expires: _____, 20____.	