

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 COLLECTION AGENCY LICENSING
 P.O. Box 30018, Lansing, MI 48909
 517-335-6073 Fax 517-373-1044
www.michigan.gov/collections

REQUEST FOR RECORD CHANGE

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

INSTRUCTIONS

FEE \$10.00 For Each Active License -- Wall License Must Be Returned With This Request

1. Complete each portion that relates to the change being made.
2. If the change for which application being made required filing new Articles or Partnership papers with the appropriate government offices, **you cannot use this form.** Please contact the Department for the correct applications, or download them at the website: <http://www.michigan.gov/collections>.
3. If adding a DBA (doing/business/as) for an existing agency, submit Certificate of Assumed Name if agency is corporation or LLC (can be obtained from the Corporation Division at: 514-241-6470 or www.michigan.gov/corporations). If a sole proprietorship or partnership, provide copy of Assumed Name Certificate (DBA) issued from your County Clerk's Office.
4. If changing the agency name, submit filed Amendment to Corporate or LLC Articles (can be obtained from the Corporation Division at: 514-241-6470 or download them at the website: www.michigan.gov/corporations).
5. Enclose original wall license for each person and business affected by this change.
6. Provide a bond rider reflecting change if business name or business address changes.

CONTACT PERSON

Name (Please print or type)	Daytime Telephone Number ()
-----------------------------	---------------------------------------

CURRENT NAME OF AGENCY
Please type or print (in black ink): ALL APPLICANTS MUST COMPLETE THIS SECTION.

Name of Collection Agency (Not d/b/a)	License Number 24-01-
---------------------------------------	---------------------------------

Address (Number and Street) No Post Office Boxes

City	State	ZIP
------	-------	-----

CHANGE IN BUSINESS NAME OR ADDRESS OF AGENCY

NEW NAME of Collection Agency

NEW D/B/A for Collection Agency (if applicable)

NEW ADDRESS of Collection Agency (Number and Street) DO NOT USE A P.O. BOX ONLY

NEW CITY	State	ZIP
-----------------	-------	-----

FEE PAYMENT INFORMATION

FOR OFFICE USE ONLY - VALIDATION

REISSUE: LICENSE(S)
 X \$10.00 (24-01-32)

ENCLOSE:

Make your check or money order in U.S. Currency payable to:

STATE OF MICHIGAN

FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.

CHANGE/ADDITION OF NON-OWNER MANAGER INFORMATION		
NEW MANAGER (must already hold a Michigan non-owner manager license)	License Number 24-02-	
Address (Number and Street) No Post Office Box Only	Date Employment Began	
City	State	ZIP
Check One: <input type="checkbox"/> Principal Manager Replacing: _____ <input type="checkbox"/> Backup Manager		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes - Please download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/collections and select Forms & Publications. The form must be included to avoid delays in processing your application. <input type="checkbox"/> No		
Have you ever had disciplinary action taken against any license, registration, certificate or permit you now hold or have ever held? (Includes but is not limited to final orders, suspension, revocation, denial, cease and desist order, etc.) <input type="checkbox"/> Yes - Please download the form BCS/LCE-021 "Request for Disciplinary Action Information". The form can be downloaded and completed to accompany this application. See www.michigan.gov/collections and select Forms & Publications. The form must be included to avoid delays in processing your application. <input type="checkbox"/> No		
I certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against any license issued, or may be punishable by law. I hereby authorize the Michigan Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil, and administrative records.		
Signature (Owner/Officer)	Date	
Printed Name of Person Signing	Position Held	

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.