

INSTRUCTIONS COLLECTION AGENCY REQUEST FOR RECORD CHANGE

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/collectionagencylicensing>.
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 DBA Certificate 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. New stockholders who hold more than 10% of the stock and new members, officers, and directors must each provide appropriate information on Page 3. (If this is the only change on the form, no fee is required).
6. Enclose original wall license for each person and business affected by this change. (Not required for changes in stockholders, members, officers, and directors).
7. Provide a bond rider reflecting change if business name or business address changes.
8. Out-of-State agencies must provide an irrevocable Consent to Service of Process (BCS/LCL-900) for the agency if there is a change in name or address, and for new managers.

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
Licensing Division
COLLECTION AGENCY LICENSING
P.O. Box 30018, Lansing, MI 48909
517-241-9234

www.michigan.gov/collectionagencylicensing

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

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

Name of Contact Person (Please print or type)	Daytime Telephone Number ()
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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 Code

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 Code

CHANGE/ADDITION OF NON-OWNER MANAGER INFORMATION

NEW MANAGER (must already hold a non-owner manager license)	License Number 24-02-	
Address (Number and Street) No Post Office Box Only	Date Employment Began	
City	State	Zip Code

Check One:

Principal Manager Replacing: _____ Backup Manager

Has the new manager ever had disciplinary action taken against any license, registration or permit that is now held or has ever been held? (suspension, revocation, denial, etc.)

Yes - Provide type of license, name of state, action and dates of actions on a separate sheet of paper. No

Has the new manager ever been convicted of a felony or misdemeanor for which he/she could have gone to jail?

Yes - Do not give details at this time. The Department may contact you at a later date. No

FEE PAYMENT INFORMATION

FOR OFFICE USE ONLY - VALIDATION

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

ENCLOSE:

Make your check or money order from a U.S. Financial Institution
payable to: STATE OF MICHIGAN - COLLECTION AGENCIES

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

COMPLETE BACK SIDE IF CHANGING PRINCIPALS (OWNER) OR STOCKHOLDERS INFORMATION

AGENCY CHANGE (Adding owners to existing license.)

Type or print responses in black ink.

Check the agency type for which change is being made:

- Corporation Limited Liability Company

Name (Last, First, Middle)	Home Telephone	Business Telephone	Social Security Number
Complete Home Address (Number, Street, City, State, Zip Code)	Position Held	Date of Birth	% of Stock Held
Name (Last, First, Middle)	Home Telephone	Business Telephone	Social Security Number
Complete Home Address (Number, Street, City, State, Zip Code)	Position Held	Date of Birth	% of Stock Held
Name (Last, First, Middle)	Home Telephone	Business Telephone	Social Security Number
Complete Home Address (Number, Street, City, State, Zip Code)		Date of Birth	% of Stock Held

Has anyone named above ever had disciplinary action taken against any license, registration or permit now held or that has ever been held? (suspension, revocation, denial, etc.)

- Yes - Provide type of license, name of state, action and dates of action on a separate sheet of paper. No

Has anyone named above ever been convicted of a felony or misdemeanor for which they could have gone to jail?

- Yes - Do not give details at this time. The Department may contact you at a later date. 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 Labor & Economic Growth 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