

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 IMMIGRATION CLERICAL ASSISTANT LIST
 P.O. Box 30018, Lansing, MI 48909
 517-241-8720
 517-373-1044 Fax
 www.michigan.gov/immigrationclerical

REQUEST FOR IMMIGRATION CLERICAL ASSISTANT LIST RECORD CHANGE

FEE \$20.00 (Fee is Non-refundable)

Name of Contact Person (Please print or type)	Daytime Telephone Number
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INSTRUCTIONS: (Please type or print your responses)

1. Complete each portion that relates to the change being made.
2. Provide a bond rider reflecting change only if your name changes.
3. Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN

CURRENT NAME

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

Name	
Residence Address (Number and Street, City, State, Zip Code) NO P.O. BOX	
Business Address if different from Residence Address	
E-mail Address	Website Address

CHANGE OF NAME OR ADDRESS

New Name	
New Residence Address (Number and Street, City, State, Zip Code) NO P.O. BOX	
New Business Address if different from Residence Address	
E-mail Address (if applicable)	Website Address (if applicable)

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

Date

Printed Name of Person Signing

FEE PAYMENT INFORMATION	FOR OFFICE USE ONLY - VALIDATION
Immigration Clerical Assistant \$20.00 (1401-32)	
Make your check or money order in U.S. Currency payable to: <p style="text-align: center;">STATE OF MICHIGAN</p>	