

Michigan Department of Labor & Economic Growth
 Bureau of Commercial Services
 Licensing Division
 P.O. Box 30018, Lansing, MI 48909
 517-241-9288
 Fax 517-373-3085

BOARD OFFICE USE ONLY	
<input type="checkbox"/> Process	
<input type="checkbox"/> Refer to Enforcement	
Date:	
By:	

REQUEST FOR DISCIPLINARY ACTION INFORMATION

Applicant's Name (Last, First, Middle)		Date of Birth	Social Security Number	
Mailing Address (Number and Street)		City	State	Zip Code
Occupation:	License Type:			

The following information is required in conjunction with your application for licensure/registration. This is to provide you with an opportunity to explain your affirmative response to the question on your application which asked if you ever had any disciplinary action taken against any license, registration or permit you now hold or have ever held.

REPORT ALL DISCIPLINARY ACTION. Use the back of this form or an attachment if you need additional space. If you are unsure of exact details, respond to the best of your knowledge. Failure to provide the information requested may result in the denial of your application.

Your name at the time of the disciplinary action.	Name of state in which action took place.	Date(s) of disciplinary action.
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Please describe in detail the action that took place and why.

I hereby certify that the statements and facts provided are true and accurate to the best of my knowledge.

Signature	Date
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