

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 BOARD OF EXAMINERS IN MORTUARY SCIENCE
 P.O. Box 30018, Lansing, MI 48909
 517-373-8376
 www.michigan.gov/commerciallicensing

CHANGE OF SPONSOR FORM

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

FEE: \$10.00

You must return both portions of your current license with this form.

PART I (To be completed by New Sponsor)		
Name of Resident Trainee		Trainee's License Number 45-01-
Name of Funeral Establishment	Establishment License Number 45-02-	Establishment Telephone Number ()
Address of Funeral Establishment (Number, Street, City, State, Zip Code)		Effective Date of Sponsorship
Name of New Sponsor		Sponsor License Number 45-01-
I hereby certify that the above-named Resident Trainee will start full-time resident training under my supervision at the above-named funeral establishment on the specified effective future date. I understand this training cannot begin until the department has received this completed form and the appropriate fee.		
_____ Signature of Sponsor		_____ Date
PART II (To be completed by Previous Sponsor)		
Name of Previous Sponsor		Date of Departure
Name of Funeral Establishment		Establishment License Number 45-02
Address of Funeral Establishment (Number, Street, City, State, Zip Code)		Previous Sponsor License Number 45-01
Signature of Previous Sponsor		Date
FEE PAYMENT INFORMATION		FOR OFFICE USE ONLY - VALIDATION
Change of Sponsor Fee: \$10.00 (1401-33)		
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.		