

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 PERSONNEL AGENCY LICENSING
 P.O. Box 30018, Lansing, MI 48909
 (517) 241-8720
 www.michigan.gov/personnelagencies

APPLICATION FOR RELICENSURE OR REREGISTRATION

AUTHORITY: P.A. 299 of 1980, as amended.

COMPLETION: Mandatory

PENALTY: Failure to complete may result in denial of your application.

Name (First, Middle, Last)		Permanent I.D. Number	Date Expired
Street Address		License Type (Individual, Corp., etc.)	Profession
City	State	Zip Code	E-mail address

PLEASE COMPLETE INFORMATION BELOW

It has been more than 60 days since your license or registration has lapsed. Pursuant to Section 411 of 1980, P.A. 299, as amended, you are now required to apply for relicensure or reregistration. Persons applying 3 years or more after the expiration date may need to meet other requirements, as established by rules or procedures. Please contact the individual board office, if you have not already done so.

Daytime Telephone Number	Date of Birth	Social Security of Federal I.D.
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Have you, or if a firm, any officer, owner, director, partner or trustee of the firm been convicted of a felony?

- 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/personnelagencies and select Forms & Publications. If form is not included the Department may contact you at a later date.
- No

Have you, or if a firm, any officer, owner, director, partner or trustee of the firm had disciplinary action taken against any license, registration or permit now held or has ever been held? (suspension, revocation, denial, etc.)

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

I hereby 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 my license, or may be punishable by law. I hereby authorize the 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. I further authorize the Department or its agents to examine my books and records at the Department's discretion.

 Applicant's Signature

 Date

FEE PAYMENT INFORMATION - PLEASE CHECK ONE

FOR OFFICE USE ONLY - VALIDATION

- | | | |
|--|---------|---------|
| <input type="checkbox"/> Agency Type A | Fee: \$ | 6102-06 |
| <input type="checkbox"/> Agency Type B | Fee: \$ | 6105-06 |
| <input type="checkbox"/> Agent | Fee: \$ | 6106-06 |

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.