

Approved by:	Date:
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**DRIVER EDUCATION PROVIDER –
 CHANGE OF PARTNER, OFFICER, DIRECTOR,
 DESIGNATED REPRESENTATIVE OR COORDINATOR**

1. PROVIDER INFORMATION			
Provider Name (fill in exactly as it appears on wall certificate)		Certificate Number	
Home Address		City, State, Zip	
2. BUSINESS TYPE (If new business type is being reported, submit copies of business documents – assumed name filing, partnership agreement, Articles of Incorporation, or Articles of Organization)			
<input type="checkbox"/> Partnership (two or more persons or husband/wife)		<input type="checkbox"/> Corporation <input type="checkbox"/> LLC	<input type="checkbox"/> Educational Institution <input type="checkbox"/> Governmental Agency
3. DESIGNATED REPRESENTATIVE / COORDINATOR INFORMATION (If new designated representative or coordinator, please complete this section. <u>New designated representatives / coordinators must be fingerprinted.</u> Call 1-866-226-2952 or visit mi.ibtfingerprint.com .)			
Full Name	Driver License Number	Date of Birth	SSN
Home Address	City, State, Zip		Home Phone ()
4. PARTNER, OFFICER, DIRECTOR INFORMATION (Type or print information for ALL persons, both new and continuing. If new, check the box. <u>All new persons listed are considered new applicants and must be fingerprinted.</u> Call 1-866-226-2952 or visit mi.ibtfingerprint.com . This section does not apply to educational institutions or governmental agencies.)			
Full Name <input type="checkbox"/> New	Driver License Number	Date of Birth	SSN
Home Address	City, State, Zip		Home Phone ()
Full Name <input type="checkbox"/> New	Driver License Number	Date of Birth	SSN
Home Address	City, State, Zip		Home Phone ()
Full Name <input type="checkbox"/> New	Driver License Number	Date of Birth	SSN
Home Address	City, State, Zip		Home Phone ()
Is anyone listed in Item 4 an out-of-state resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , is the driver education provider certified in the state of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , submit a copy of the provider certificate (license) issued by the state of residence.		

Mail form and supporting documentation to:
 Michigan Department of State
 Licensing Unit
 Lansing, MI 48918

