



REQUEST FOR TEMPORARY MILITARY DEPENDENT LICENSE APPLICATION

Authority: 1980 PA 299, MCL 338.3434a, and 42 USC 654

Name (First, Middle, Last)		Date of Birth	U.S. Social Security Number
Address	City	State	Zip Code
E-mail Address		Telephone Number	

Required Additional Documents

- Proof that you are the dependent of a member of the Armed Forces who is on active duty.
- Proof that you hold a current license or registration in good standing issued by an equivalent license department, board, or authority from another state of the United States, District of Columbia, Puerto Rico, the United States Virgin Islands, another territory or protectorate of the United States, or a foreign country.
- Proof that your Armed Forces member is assigned to a duty station in Michigan, and that you are also assigned to a duty station in Michigan under your Armed Forces members permanent change of station orders.

* This license type requires an additional application, therefore, please call the Department at the telephone number listed above for directions to the proper documents to submit with this form. There will be no additional fees charged.

Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.

Signature

Date

CHECK THE TEMPORARY MILITARY SPOUSE LICENSE TYPE

Mortuary Science - Mortuary Science Licensee	\$20	4504-01
Mortuary Science - Mortuary Science Trainee*	\$20	4505-01
Mortuary Science - Mortuary Science Courtesy	\$20	4506-01

Make your check or money order in U.S. currency payable to:

STATE OF MICHIGAN

FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152,
 AND ARE NOT REFUNDABLE.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

FOR OFFICE USE ONLY

License Number: _____

Approved By: _____

Date Approved: _____