

Form 700 375

Business Licensing Service
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BLS Partner Change Request

Subject to review and acceptance by BLS

BLS Use: PCR #

Date received

Name of local government or State agency licensing program submitting request:

Contact person name:

Title:

Phone:

Email:

This request is for *(mark all that apply)*:

Change to existing license endorsement

Change to existing process

Modify existing data reporting

Add new license endorsement

Add new process

Create new data reporting

Other:

Reason why change is required:

Legislation effective date:

Performance issue

Improvement opportunity

Policy change

Organization change

Other:

Description of issue or request:

(provide additional documentation, screen captures, suggested formats, etc.; if appropriate)

I have verified and approve this request.

State agency program manager or local government managing authority:

Title:

Date:

Email:

Phone:

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