

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
LONG TERM CARE DIVISION**

CERTIFICATE OF APPOINTMENT FOR AUTHORIZED REPRESENTATIVE

Facility Name: _____

Address: _____ City: _____ Zip: _____

Notice is hereby given to the Michigan Department of Licensing and Regulatory Affairs in accordance with a provision of Rules for Nursing Homes that _____
(Owner of facility requesting license and/or certification)

has appointed _____ as its authorized representative to:
(Name)

- a. Submit applications and make amendments thereto.
- b. Provide the Department with all information necessary for a determination with respect to applications.
- c. Enter into agreements with the Department in connection with licensure or certification.
- d. Receive notice and service of process in matters relating to licensure or certification.

This action taken on _____ and is effective immediately.
(Date)

This appointment will remain in effect until written notice of termination is sent to the Director, Long Term Care Division.

Signature of Owner

Title

Witness: _____

Date: _____

Witness: _____

Date: _____

Please remit to:

Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Long Term Care Division
P.O. Box 30664
Lansing, MI 48909