



STATE OF MICHIGAN  
DEPARTMENT OF STATE  
LANSING

Dear Vehicle Dealer:

You recently requested an application to file a change of owner, partner, or officer for your dealer license, or we have determined that such a change has occurred. You must submit the following, as applicable to your situation:

1. Dealer Corporation Officer Change Application. Please complete all items. Note: Item 6 must list *all current* owners, partners, or officers, including new applicants. Item 9 must be signed by *all current* owners, partners, or officers, including new applicants. Items 7 and 8 must be completed for each new applicant.
2. Rider for Vehicle Dealer Surety Bond (applies only to partnerships and to individual ownerships when adding a spouse). A bond rider listing all current owners or partners and showing the correct assumed name (d/b/a) and business address must be submitted.
3. New assumed name filing (applies only to partnerships and individual ownerships when adding a spouse). A new assumed name or d/b/a filing listing all current owners or partners and showing the correct business address must be submitted. The assumed name filing must be obtained from the County Clerk for the county in which your dealership is located.
4. Each new applicant listed in Item 6 on the application must be fingerprinted. Fingerprints are taken by appointment only. To schedule an appointment you must:
  - a. Visit [www.michigan.gov/msp](http://www.michigan.gov/msp)
  - b. Click on the "Criminal History Records" tab on the right.
  - c. Click on "For employment/licensing" and follow the instructions

Take the *Live Scan Fingerprint Request* included in this packet to that appointment.

All fees associated with fingerprinting will be collected by the printing agency. They will provide you with a signed receipt as proof of fingerprinting. Please include a copy of that signed receipt when you submit your completed *Dealer Corporate Officer Change Application*.

Please complete the application carefully and return with a copy of the fingerprint receipt, the bond rider and assumed name filing, if applicable. Please remember that the owners/partners names, business name and business address must be exactly the same on the application, bond rider and assumed name filing.

RETURN TO: Michigan Department of State  
Licensing Unit  
Lansing, MI 48918

Please contact the Licensing Unit at 1-888-SOS-MICH (1-888-767-6424), if you have any questions regarding the application or related items.

Enclosures  
06/2010



8. **APPLICANT HISTORY – NEW APPLICANTS -- CONTINUED**

D. Within the past 5 years, has any new applicant listed in Item 6 been employed as an **AGENT FOR ANY DEALER** in Michigan or any other state?

NO  YES If YES, complete the following (attach additional sheets if necessary):

APPLICANT NAME	APPLICANT NAME
DEALERSHIP NAME	DEALERSHIP NAME
JOB TITLE	JOB TITLE
DATES EMPLOYED From: _____ To: _____	DATES EMPLOYED From: _____ To: _____

E. Is any new applicant listed in Item 6 **RELATED BY BIRTH OR MARRIAGE** to a currently or previously licensed Michigan vehicle dealer, salvage vehicle agent, or broker?

NO  YES If YES, complete the following (attach additional sheets if necessary):

APPLICANT NAME	APPLICANT NAME
LICENSED DEALER NAME	LICENSED DEALER NAME
RELATIONSHIP TO LICENSED DEALER	RELATIONSHIP TO LICENSED DEALER
DEALERSHIP NAME	DEALERSHIP NAME
DEALER LICENSE #	DEALER LICENSE #
DEALERSHIP ADDRESS	DEALERSHIP ADDRESS

F. **5- YEAR EMPLOYMENT HISTORY – NEW APPLICANTS**

For each new applicant listed in Item 6, please complete the employment history information below. Attach additional sheets if necessary. If self-employed – list name, business address and type of business. If unemployed – list name and dates of unemployment

APPLICANT NAME	APPLICANT NAME
EMPLOYER NAME	EMPLOYER NAME
EMPLOYER ADDRESS	EMPLOYER ADDRESS
JOB TITLE (if self-employed or unemployed, indicate that here)	JOB TITLE (if self-employed or unemployed, indicate that here)
DATES EMPLOYED From: _____ To: _____	DATES EMPLOYED From: _____ To: _____

9. **SIGNATURES AND CERTIFICATIONS – ALL APPLICANTS IN ITEM 6 MUST SIGN BELOW**

I/we certify that the statements contained in this application are true. I/we as owner(s), partner(s), officer(s) or director(s) of the corporation have the authority to sign this application.

I/WE UNDERSTAND THAT ANY MISLEADING, INCOMPLETE, OR FALSE STATEMENTS MAY BE GROUNDS FOR DENIAL OF THIS APPLICATION OR SUSPENSION OR REVOCATION OF THE DEALER LICENSE ISSUED.

I/we hereby grant the licensing authority in any state or jurisdiction listed in items 8B, 8C, and 8D the authority to release information to the Secretary of State or his/her deputies regarding any previous license applications, licensing history, and disciplinary actions or sanctions.

I/we certify that the persons named on this license are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this license.

I/we stipulate and agree that any legal process affecting this business served on the Secretary of State or his/her deputies shall have the same effect as if personally served on me/us. I/we agree that this appointment shall remain in force as any liability of this business remains outstanding within the State of Michigan.

Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date

RETURN TO: MICHIGAN DEPARTMENT OF STATE  
LICENSING UNIT  
LANSING, MI 48918

ALLOW AT LEAST 30 DAYS FOR PROCESSING

# LIVESCAN FINGERPRINT REQUEST

## Instructions for Applicant:

1. Complete APPLICANT INFORMATION below.
2. Schedule an appointment to be fingerprinted:
  - a. Visit [www.michigan.gov/msp](http://www.michigan.gov/msp)
  - b. Click on the "Criminal History Records" tab on the right.
  - c. Click on "For employment/licensing" and follow the instructions
3. Attend appointment and pay fee.
4. Bring picture ID and this completed form to the appointment.

Date fingerprinted: \_\_\_\_\_ Type of picture ID presented: \_\_\_\_\_

## APPLICANT INFORMATION

Must provide a picture ID to be printed

Applicant Name \_\_\_\_\_  
Last, first, middle

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Applicant address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Applicant phone number \_\_\_\_\_

## REQUESTING AGENCY INFORMATION

Agency ID: 1340A Agency Name: Bureau of Regulatory Services  
(RQID)

Reason fingerprinted:

**AR-Department of State, Bureau of Regulatory Services**

\*\*Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc, are the applicant's responsibility. Michigan State Police will charge for second requests due to incorrect fingerprint reason.