

Carefully read these instructions before continuing

Account managers can submit a change of officer and many other changes online. For faster service, please utilize the Secretary of State Online Services found at Michigan.gov/sosonline.

This application is necessary to report changes of any owner, officer, partner, director and/or member for a Corporation, LLC, or Partnership. Changes made here will apply to all dealer and repair facility licenses under the same business entity. There are several parts to the change of officer application – the base application, applicant history form, and the signatures and certification page.

Sections 1-5:

Enter the existing business information for verification purposes, no changes will be accepted here. Other change of information forms can be found by visiting Michigan.gov/sos/resources/forms.

Section 6:

Enter **ALL** owners/officers to be on record for this business, excluding those being removed in section 7. If an owner/officer being listed on the application is a corporation, partnership or limited liability company, enter the information of a designated business delegate and indicate the name of the company they represent. Additionally, disclose the individuals who are the owners, partners, corporate officers, directors, managers, or stockholders or members holding 10% or more of the stock issued for that company on a separate sheet by listing their full name, birthdate, address, and telephone. If an owner/officer being listed on the application is a trust, enter the information of the trustee(s) and indicate the exact name of the trust.

Section 7:

Only use this section to remove owners/officers. Each owner/officer to be removed must complete this section. If they are unable to do so, provide documentation that supports their removal. Example: Sale of business document, transfer of shares document, death certificate, etc.

Applicant History Form:

ALL applicants must complete this form separately. The applicant history form is two pages, but additional pages should be used if the applicant has more history to disclose.

Signatures and Certification Page:

ALL applicants, including existing owners/officers, must sign a copy of this form. Multiple signature lines are available but additional pages should be used if necessary.

Fingerprinting:

A Live Scan Fingerprint Background Check Request (RI-030) form must be submitted for each applicant being added. The RI-030 form found in this application is intended for the dealer change of officer application and should not be used for any other purposes. **Fingerprints are taken by appointment only.** To schedule an appointment or get more information, visit [IdentoGO Michigan Fingerprinting & Enrollment Services](#) and choose the appropriate link.

The following information **MUST** be entered in "Section I" of the RI-030 before going to your appointment:

- Fingerprint Reason Code: **AR**
- Requestor/Agency ID: **1340A**
- Agency Name: **MDOS Business Licensing Section**

Account manager and contact information update:

If necessary, use the [Account Manager Change Request](#) form to update the Account Manager and primary business contact.

Submit completed forms to the Business Licensing Section:

Mail: Michigan Department of State
Business Licensing Section
Lansing, Michigan 48918
Email: Licensing@Michigan.gov

Please allow 30 days for processing. Failure to submit all documents together will delay processing.

**MICHIGAN DEPARTMENT OF STATE
DEALER CORPORATE OFFICER CHANGE APPLICATION**

READ CAREFULLY BEFORE TYPING OR PRINTING

1. **Business Name** (Include any assumed name or corporate name) _____
2. **Dealer Number** _____
-
3. **Business Type** (check only one)
 Individual Owner (one person or husband & wife) Corporation
 Partnership (two or more people or husband & wife) Limited Liability Company
4. **Business Telephone** _____
-
5. **Business Location** (Street) _____ (City) _____ (Zip) _____ (County) _____

6. **OWNERS / OFFICERS**
List information for **ALL OWNERS, PARTNERS, CORPORATE OFFICERS AND DIRECTORS**. For corporations, "owners" includes any stockholder holding 10% or more of the stock issued. Limited liability companies must include information for ALL Members and Managers. **ALL NEW APPLICANTS LISTED MUST BE FINGERPRINTED. USE ENCLOSED LIVE SCAN FORM.**

Full Name	Home Address (Street)	(City, State, Zip)	Social Security Number	Birthdate

7. **REMOVED OWNERS / OFFICERS**
Only individuals being removed should sign. Attach additional copies of this page, if necessary.

Print Name	Signature	Date

8. **APPLICANT HISTORY**
Each **new** applicant must complete an Applicant History Form. Make copies as necessary and submit all forms together at one time.

**RETURN TO: MICHIGAN DEPARTMENT OF STATE
BUSINESS LICENSING SECTION
LANSING, MI 48918**

Not valid until approved by the Business Compliance and Regulation Division

APPLICANT HISTORY FORM

Items A thru G apply to this applicant.

Applicant Name: _____

A. Has this applicant been arrested or convicted of a crime other than traffic violation within the past 10 years?

NO YES If YES, give complete details of all arrests or convictions which took place in the past 10 years. Attach an additional sheet, if necessary.

Details: _____

Date of Arrest(s) or Conviction(s): _____

Court(s): _____ City and State: _____

B. Has this applicant had an application for a vehicle dealer, salvage vehicle agent, or broker license REFUSED OR REJECTED IN MICHIGAN OR ANY OTHER STATE?

NO YES If YES, give the name(s) of the applicant(s) involved and complete details on a separate sheet.

Dealership Name

Case Number

Dealership Address

C. Has this applicant had a vehicle dealer, salvage vehicle agent or broker license **REVOKED OR SUSPENDED IN MICHIGAN OR ANY OTHER STATE?**

NO YES If YES, give the name(s) of the applicant(s) involved and complete details on a separate sheet.

Dealership Name

License Number

Dealership Telephone

Dealership Address

Dates Licensed

From:

To:

D. Within the past 5 years, has this applicant been licensed in Michigan or any other state as a **VEHICLE DEALER, SALVAGE VEHICLE AGENT, OR BROKER?**

NO YES If YES, complete the following and attach additional sheets if necessary.

Dealership Name

License Number

Dealership Telephone

Dealership Address

Dates Licensed

From:

To:

E. Within the past 5 years, has this applicant been employed by, or acted as an agent **FOR ANY DEALER** in Michigan or any other state?

NO YES If YES, complete the following and attach additional sheets if necessary.

Dealership Name License Number Dealership Telephone

Dealership Address

Dates Employed Job Title
From: To:

F. Is or has this applicant **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 and attach additional sheets if necessary.

Dealership Name License Number Dealership Telephone

Dealership Address

Dates Licensed How are you related?
From: To:

G. 5- YEAR EMPLOYMENT HISTORY - NEW APPLICANTS

For this applicant provide five years of employment history below. Attach additional sheets if necessary. If self-employed, list name, business address, and type of business. If unemployed, list dates of unemployment.

(1) Employer Name Job Title (if self-employed or unemployed, indicate that here)

Employer Address

Dates Employed Employer Telephone
From: To:

(2) Employer Name Job Title (if self-employed or unemployed, indicate that here)

Employer Address

Dates Employed Employer Telephone
From: To:

(3) Employer Name Job Title (if self-employed or unemployed, indicate that here)

Employer Address

Dates Employed Employer Telephone
From: To:

DEALER SIGNATURES AND CERTIFICATION PAGE

(For new dealer and change of officer applications only)

Each individual listed as an owner/officer must sign. Attach more than one sheet if necessary.

I hereby certify that I have read: Chapter 2 of the Michigan Vehicle Code, other applicable laws that pertain to my dealer license and the department's Dealer Manual (Michigan.gov/dealermanual) and understand the requirements of the license type for which I am applying.

I hereby certify that the business named in this application maintains an established place of business as required by MCL 257.14.

I hereby certify that the business named in this application will maintain records only at the established place of business, or a location pre-approved by the Department and will provide the records for inspection upon request by an agent of the Secretary of State or law enforcement.

I hereby certify that the business named in this application maintains records as required by law and/or prescribed by the Secretary of State, which may include, but is not limited to, a police book, temporary registration log, vehicle parts purchase and sales records.

I hereby certify that the person(s) named in this application, if maintaining an electronic police book, will ensure that a paper copy is available upon request by an agent of the Secretary of State or law enforcement.

I hereby certify that I will take the necessary precautions to ensure the protection of the required records from fire, water damage or malfeasance.

I understand that the Secretary of State is not responsible for the validity of documents that I complete and file with the Secretary of State. I further understand that I am responsible for any false information, errors, or omissions in regard to documents presented to the Secretary of State for processing.

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

If granted a license, I hereby certify that I will not sublet the dealer license to other persons and/or allow unlicensed individuals to use the license to conduct their own business/transactions. I understand that I am fully responsible for all transactions conducted with my dealer license number. I will take the necessary measures to prevent the unauthorized use of my dealer license number including properly completing all paperwork, forms, police book entries, temporary registration log entries, inspection of auction sales and inventory control records.

I hereby grant any employers named in this application authority to release information concerning my employment history to the Secretary of State or his/her agents.

I hereby grant the licensing authority in any state or jurisdiction 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 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. I agree that this appointment shall remain in force as any liability of this business remains outstanding within the State of Michigan.

I authorize the Secretary of State to receive and review my criminal history from the Michigan State Police and the FBI via Livescan.

I hereby certify that I have completed any required prelicense training as required by MCL 257.248(2) (if a new Class B application) and will adhere to continuous training requirements as required by MCL 257.248(3) and/or (5) as applicable.

If granted a Class A, Class B or Class W, I/we certify that I/we have and will maintain security for payment of benefits under personal protection insurance, property protection insurance, and residual liability insurance as required by Public Act 294 of 1972 (no-fault insurance) for as long as this license is in effect. (Only applicable to Class W if issued plates).

If granted a Class A, Class B, or Class D vehicle dealer license, I certify that I have and shall maintain a surety bond in the amount of \$25,000 (twenty-five thousand dollars) for as long as this license is in effect.

I acknowledge that by being added to the dealer license I assume responsibility for any outstanding judgements, fines, administrative actions, complaints, findings of non-compliance and other potential liabilities incurred under this license since its initial issuance. I understand that any previous administrative actions taken against the license will continue with the new license.

I acknowledge that the changes made on this form are not valid until approved by the Business Compliance and Regulation Division.

I hereby certify that the statements contained in this application are true to the best of my knowledge and belief and any misleading, incomplete, or false statement may be grounds for denial of this application or suspension or revocation of the license.

Failure to notify the Michigan Department of State of material changes may be grounds for suspension or revocation of the license. Please note section 903 of the Code [MCL 257.903] states that a person who makes a false certification on an application for a dealer license is guilty of a felony.

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

Not valid until approved by the Business Compliance and Regulation Division

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273
COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

Instructions: See page two.

I. Authorizing Information							
1. Fingerprint Reason Code	2. Requestor/Agency ID	3. Agency Name			4. Individual ID (MNU-OA)		
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name		1b. First Name			1c. Middle Initial	1d. Suffix	
2. Any Alternative Names, Last Names, or Aliases					3. Social Security Number (Optional)		
4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number		7. Driver's License / State ID Number		8. Issuing State	
9. Home Address			10. City			11. State	12. ZIP Code
13. Sex	14. Race	15. Height ft. in.	16. Weight		17. Eye Color		18. Hair Color
III. Live Scan Information							
1. Date Printed	2. Picture ID Type Presented		3. Transaction Control Number (TCN)			4. Live Scan Operator*	
* When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.							
IV. Privacy Act Statement							
<p>Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p>Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p>Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							
V. Procedure to Obtain a Change, Correction, or Update of Identification Records							
<p>If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)</p>							
VI. Consent							
<p>I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.</p>							
Signature:						Date:	

INSTRUCTIONS

Section I:

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (MNU-OA)

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II:

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III:

Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

Dealer and Repair Facility Account Manager Change Request

Business name: _____ License number: _____

Business address: _____

The designated Account Manager is the only person with full account access who is able to manage other users on the account.

This form is to change only the Account Manager and must be signed by an existing Account Manager or a listed Owner.

1. To change the Account Manager, please fill in the following:

a. Account Manager to be removed:

Name: _____ User ID: _____

b. Account Manager to be added:

Name: _____ User ID: _____

IMPORTANT: If the new Account Manager is not already a user on this account, that person will need to use e-Services to request an access code for the account and use that code to add access to the account. Note: The access code will be emailed to the contact of record on the account, or it can be mailed via USPS First Class Mail.

2. Please update our primary business contact email address to the following:

A listed **Owner** or the existing **Account Manager** must sign this request.

I hereby certify that I have the authority to request account user access changes on behalf of the business.

Signature: _____ Printed name: _____

Email completed form to the Business Licensing Section: Licensing@Michigan.gov