

ORIGINAL SALVAGE VEHICLE AGENT LICENSE APPLICATION

License Number _____

Date Issued _____ By _____

Dealer Number _____

(PLEASE READ CAREFULLY BEFORE COMPLETING)

LICENSE CLASSIFICATION

Only dealers licensed as Used Vehicle Parts Dealers (Class C), Automotive Recyclers (Class R), or Foreign Salvage Vehicle Dealers (Class H) are eligible to apply for a salvage vehicle agent license. **Dealers are limited to two agents only.** The Salvage Vehicle Agent may be either a dealer principal (owner, partner, corporate officer/stockholder, etc.) or an "employee" who is acting within the scope of employment (salvageable) parts at (1) auctions, (2) brokers, or (3) salvage pools in Michigan. No business authorized by this license may be conducted at an auction, broker, or salvage pool before the agent license is issued.

LICENSE EXPIRATION, RENEWAL, CANCELLATION, TERMINATION

All salvage vehicle agent licenses expire on December 31. The agent license will be an identification card bearing the agent's photograph and signature. The identification card will be issued by the Michigan Department of State after this application has been approved. The agent will be notified to appear in person to be photographed and to sign the identification card.

The dealer must renew both the dealer license and the agent license each calendar year. A salvage vehicle agent license is automatically cancelled with the termination of the dealer's license or the agent's employment. The agent must surrender the license to the dealer upon separation from employment OR if there is a change in his or her status as an agent. The dealer must immediately surrender the salvage vehicle agent license to the Bureau of Regulatory Services.

INSTRUCTION FOR COMPLETING THIS FORM

By law, this application must be filed by the dealer applicant, either a Class C, R, or H dealer, as explained above. The application is in two sections: Section 1 is the salvage vehicle agent portion and Section 2 is the dealer portion. The person named as an agent in Section 1 may be either a dealer principal or an employee. The agent must certify to the accuracy of the information given in Section 1. The person signing Section 2 on behalf of the dealership must be named on the Michigan dealer license. If the dealer principal is also the agent seeking the license, both sections must be completed and signed. The dealer signing the application is certifying to the accuracy of the entire application. A dealer shall not have more than two (2) individuals, including himself or herself, licensed as a salvage vehicle agent.

SECTION 1

A. SALVAGE VEHICLE AGENT INFORMATION

(This section must be completed by the salvage vehicle agent and reviewed by the dealer before signing.)

PLEASE PRINT OR TYPE

FULL NAME (Last) _____ (First) _____ (Middle) _____

HOME ADDRESS (Street) _____ (City/State) _____ (Zip Code) _____ (County) _____ HOME TELEPHONE NUMBER _____

EYE COLOR _____ HEIGHT _____ WEIGHT _____ HAIR COLOR _____ BIRTHDATE _____

DRIVER LICENSE OR PERSONAL IDENTIFICATION NUMBER _____ ISSUING STATE _____ SOCIAL SECURITY NUMBER _____

B. SALVAGE VEHICLE AGENT BUSINESS AND EMPLOYMENT HISTORY
(Attach additional sheet if necessary to provide complete information)

1. What is your present position with this business? Owner (Dealer Principal) Employee
2. How long have you been associated with the business? _____
 In what capacity or capacities? _____

NOTE: If you are an employee, YOU MUST provide a copy of your most recent IRS form W-2 or W-4 showing your employment relationship with this business. If you are an owner of the business, you must be listed in our records. If we cannot verify this, we cannot process this application, and you will be notified accordingly.

3. List all other vehicle-related business licenses you have held during the past five (5) years (dealer, salesperson, agent, etc.): _____
4. Are you related by birth or marriage to a person who is now or has ever been a licensed dealer IN MICHIGAN OR IN ANY OTHER STATE OR JURISDICTION? NO YES If YES, complete the following:
- a. Person Related to: _____
- b. Relationship: _____
- c. Dealer License Number and State or Jurisdiction: _____
- d. Dealership Name and Address: _____
5. Have you been licensed to buy and sell vehicles or vehicle parts IN MICHIGAN OR IN ANY OTHER STATE within the past five (5) years?

NO YES

If YES, complete the following and attach a copy of the license(s) or identification card(s), if available.

Licensing State/Jurisdiction	Years Licensed
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Dealership Name	Dealer License Number	Telephone Number
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Street Address	City	State	Zip Code
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Dealer License Status: Current Expired Cancelled (When: _____)

6. Have you, in any capacity, been employed by or acted as an agent for a dealer IN MICHIGAN OR IN ANY OTHER STATE within the past five (5) years?
- NO YES
- If YES, give dealership name, address, telephone number, dates of employment or association, capacity, and name of supervisor.
- _____
- _____

7. Give name, address, and telephone number of all other employers within the past five (5) years. Indicate positions held, duties performed, and dates of employment. If self-employed, indicate "S/E" and provide business name, address, and type of business.
- _____
- _____

8. Have you ever been named on any application for a vehicle dealer license, vehicle agent's license, salesperson's license, or salvage vehicle agent's license of any type IN MICHIGAN OR IN ANY OTHER STATE which was revoked, suspended, denied, refused, or withdrawn?

NO YES If YES, give details, including dates:

C. SALVAGE VEHICLE AGENT CRIMINAL HISTORY

9. Have you been arrested OR convicted of any crime within the past ten (10) years?

- NO YES

If YES, give details of all arrests or convictions. Include dates, arresting agency, court, and disposition.

WARNING: FAILURE TO DISCLOSE ALL INFORMATION OR PROVIDING FALSE OR INCOMPLETE INFORMATION COULD RESULT IN THE DELAY AND/OR DENIAL OF A MICHIGAN SALVAGE VEHICLE AGENT LICENSE.

D. FINGERPRINTS (Please read carefully)

Fingerprint processing fees must be submitted with this application according to the instructions with the fingerprint card. An individual who already has a fingerprint card on file with this department need not be fingerprinted again if the dealer license number under which the fingerprint card was originally filed is provided. Otherwise, a new fingerprint card is required. Each applicant is required to provide either a completed fingerprint card or a Live Scan receipt at the time the initial application is submitted.

- A. For each applicant that resides in the state of Michigan you will need to:
1. Obtain a Live Scan request form for fingerprints,
 2. Make an appointment with the Live Scan vendor who will collect the Live Scan fees and submit the fingerprints to the Michigan State Police for processing.
 3. Send a copy of the Live Scan receipt in with the initial application.
- B. For each applicant that resides outside the state of Michigan you must submit a completed fingerprint card, which can be provided by a local law enforcement agency. There are two (2) options for processing fingerprints for out-of-state applicants:
1. Send a fingerprint card for each applicant along with the items requested in the L-1 Identity Solutions, Non Resident Live Scan Processing Procedures that are included with this application. Items to be included are a copy of the completed Live Scan Request Form, the Live Scan fee (which includes the MSP and FBI fees), a daytime telephone number, or an e-mail address.

Mail the completed Live Scan fingerprinting forms to:

LiveScan Processing Unit
1650 Wabash, Suite D
Springfield, IL 62704
Phone: 217-793-2080
Fax: 217-793-0141
www.L1id.com

2. Send a fingerprint card for each applicant with the completed Foreign Salvage Vehicle Dealer License Application to the Business License Section at the address provided on the last page of this application. A fee of \$49.25 must be included for each applicant listed on the application.

E. LICENSE FEES (Salvage Vehicle Agent License only.)

License Fee: \$50.00 Make check or money order payable to the "State of Michigan."

F. SALVAGE VEHICLE AGENT CERTIFICATION AND SIGNATURE (Please read carefully before signing.)

I certify that the statements contained in this application made by me are true and that any misleading, incomplete, or false statement shall be grounds for denial of this application or the suspension or revocation of a salvage vehicle agent license issued to me, or for the denial, suspension, or revocation of the dealer license on which this application is based.

I stipulate and agree that any legal process affecting me involving acts conducted under the authority of this license served on the Secretary of State or his/her deputies shall have the same effect as if personally served on me. I further agree that this appointment shall remain in force as long as any liability associated with this license remains outstanding within the State of Michigan.

I further certify that I am not operating as a vehicle dealer, vehicle parts dealer, or automotive recycler in Michigan or in any other state, except as stated in this application, and that I do not represent and will not represent more than one dealer at any given time.

I further certify that I am not now and will not act as the alter ego for, on behalf of, or in the place of, any other person or persons in seeking this license and that all business conducted by me under the authority of the salvage vehicle agent license will be done solely on behalf of the dealer applicant named herein.

I further certify that I understand the conditions under which this license is being issued and agree to surrender the salvage vehicle agent license to the dealer applicant upon the termination of my employment or upon any changes in status as an authorized agent for the business.

Print Full Name of Salvage Vehicle Agent

Signature of Salvage Vehicle Agent

Date of Signature

SECTION 2

A. DEALER INFORMATION

Note: The business must be licensed by the Department of State as either a Class C – Used Vehicle Parts Dealer; a Class R – Automotive Recycler; or a Class H – Foreign Salvage Vehicle Dealer. Class A and B dealers (new and used vehicle dealers) also qualify if they have a C or an R as an alternate license class. See Dealer Classifications (Revised 1994) for additional information.

10. Dealer License Information

Note: The address must be the same as shown on the current dealer license and must identify the actual business location. Rural Route and Post Office Box numbers alone are not adequate.

Business Name		Michigan Dealer License Number		
Business Address	Street Address	City	State	Zip Code
Business Telephone Number(s)				

11. Foreign Salvage Vehicle Dealers only (Class H), please provide your:

A. Home State of Licensure: _____

B. Home State License Number _____

B. DEALER UPDATE ON LICENSE STATUS AND ARREST/CONVICTION INFORMATION

12. Has the dealership had any change in ownership, name, location, or licensing status during this calendar year which is not reflected on your Michigan dealer license?

NO YES If YES, what changes have taken place?

13. Has any owner, partner, corporate officer, director, or stockholder owning 25% or more of the stock in this business, or any employee acting within the scope of his/her employment for the licensee, been arrested for OR convicted of any crime other than a minor traffic violation which was not reported on your last dealer license or renewal application filed with the Department of State?

NO YES If YES, provide details:

C. DEALER CERTIFICATION AND SIGNATURE (Please read carefully before signing.)

Note: The dealer owner or principal signing this application on behalf of the business **MUST** be currently listed in the Department of State records as an owner, partner, corporate officer, director, or stockholder owning 25% or more of the stock.

I certify that the statements contained in this application are true and that I, as owner, partner, officer, director, or stockholder of the corporation, have authority to sign this application and to make the statements contained herein. I understand that any misleading, incomplete, or false statement shall be grounds for denial of this application or the suspension or revocation of any salvage vehicle agent license issued as the result of this application, or in the denial or suspension or revocation of the dealer license on which this application is based.

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 and all other owners of this business, if any. I further agree that this appointment shall remain in force as long as any liability of this business remains outstanding within the State of Michigan.

I understand that the dealer applicant is responsible for notifying the Secretary of State in writing if there is any factual or material change in the information stated above in the salvage vehicle agent's portion of this application or in any license issued as the result of this application.

I understand that the dealer applicant I represent is required to indemnify the Secretary of State and any member of the public who suffers or sustains any loss by reason of any violation of this act by a salvage vehicle agent that occurs within the actual or apparent scope of the agent's authority during the period the agent's license is in effect.

I further certify that the salvage vehicle agent named on this application is either a dealership "employee," as recognized by the Internal Revenue Service, or is an owner or dealer principal of the business.

I hereby appoint the agent named on this application to represent the dealer in conducting the business authorized by the salvage vehicle agent license.

I further certify that neither the dealer applicant nor the salvage vehicle agent named herein is acting as the alter ego for, on behalf of, or in the place of, any other person or persons in seeking this license; that all business conducted under the authority of the licenses issued to the dealer applicant and the salvage vehicle agent will be done on behalf of the dealer applicant named herein.

Print Full Name of Dealer Applicant

Title of Dealer Applicant

Signature of Dealer Applicant

Date of Signature

CHECKLIST

- A. Verify that both sections of this form have been completed entirely.
- B. Verify that both the agent and the dealer have signed and dated it.
- C. Be sure to include the following additional items:
 - 1. Complete the fingerprint process for the agent as described in Section D.
 - 2. A copy of the agent's most recent W-2 or W-4 form showing employer/employee relationship.
 - 3. Any additional sheets necessary to fully answer items.
 - 4. The \$50.00 salvage vehicle agent license fee in the form of a check or money order made payable to the **State of Michigan**.

Mail this application, fees, and related documents to:

Michigan Department of State
Bureau of Regulatory Services
Business Licensing Section
Lansing, MI 48918

If you have any questions regarding this application, please call 1-(888)-767-6424.

ALLOW 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
 - 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.



ENROLLMENT SERVICES DIVISION

1650 Wabash, Suite D
Springfield, IL 62704
Phone: 217-793-2080
Fax: 217-793-0141
www.L1id.com

Non Resident Live Scan Processing Procedures

Applicants who reside in an area where no **L-1 Enrollment Services (L-1)** Live Scan machines are available may use **L-1's** Live Scan Processing Program. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to a LiveScan machine. The section below details the procedures for submitting fingerprints to the LiveScan Processing Unit.

Michigan Licensing

- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprints may be either traditional ink rolled fingerprints or LiveScan fingerprints. Please make sure the law enforcement entity rolling your fingerprints places your four finger slap prints vertically straight up and down and not at an angle. Michigan State Police will reject any fingerprint card that has the four finger slap prints at an angle.
- Fingerprints may be submitted on FBI applicant cards or fingerprint cards from any other state or local government agency (we prefer standard FBI applicant cards).
- Applicants need to make sure the fingerprint card is completely filled out. Required information includes: Full name, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, reason fingerprinted and ORI (Agency ID number or MSP Requester ID number).
- Applicants will need to mail a copy of the appropriate Michigan form (Live Scan Fingerprint Request Form, Long Term Care Workforce Background Check Form or Licensing Record Clearance Request Form) with the fingerprint card.
- **Failure to completely fill out the information on the fingerprint card or failure to provide the appropriate Michigan Form (Live Scan Fingerprint Request Form, Long Term Care Workforce Background Check Form or Licensing Record Clearance Request Form) will result in the card being returned to the applicant, which will delay the licensing process.**
- The fully completed card, along with the, Live Scan Fingerprint Request Form, Long Term Care Workforce Background Check Form or Licensing Record Clearance Request Form and appropriate fee (indicated in the application packet) should then be mailed to the following address: ***L-1 Enrollment Services/Live Scan Processing Unit, 1650 Wabash Suite D, Springfield, IL 62704.*** Please include a daytime telephone number or email address where the applicant can be reached if we have a question about the fingerprint card.
- Please include the full name of the applicant on each check or money order.
- Applicants wishing to verify that a fingerprint card has been processed may call 866-226-2952 and speak with a customer service representative.