

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.

After your application is received, you will be sent the appropriate form and instructions to complete the background check process which includes fingerprinting. Do not get fingerprinted until you receive these instructions.

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.

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) <input type="checkbox"/> Individual Owner (one person or husband & wife) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (two or more people or husband & wife) <input type="checkbox"/> 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. After your application is received, you will be sent the appropriate form and instructions to complete the background check process which includes fingerprinting. Do not get fingerprinted until you receive these instructions.

| | | | | |
|-----------|-----------------------|--------------------|------------------------|-----------|
| Full Name | Home Address (Street) | (City, State, Zip) | Social Security Number | Birthdate |
| | | | | |
| Full Name | Home Address (Street) | (City, State, Zip) | Social Security Number | Birthdate |
| | | | | |
| Full Name | Home Address (Street) | (City, State, Zip) | Social Security Number | Birthdate |
| | | | | |
| Full Name | Home Address (Street) | (City, State, Zip) | Social Security Number | Birthdate |
| | | | | |
| 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 |
| | | |
| Print Name | Signature | Date |
| | | |
| 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