

IMPORTANT INFORMATION

KEEP FOR FUTURE REFERENCE

Dear Applicant:

Before performing motor vehicle repairs for compensation, a repair facility must register with the Michigan Department of State. Business cannot be conducted until a registration number is issued. Failure to comply with this requirement is grounds for denial of the application. Listed below is a summary of other requirements which will apply after the registration number is issued. The Repair Facility Manual is available online at Michigan.gov/sos under "Automotive-related Businesses," "Forms and Publications." Please refer to this manual for a detailed explanation of these requirements.

CONSUMER INFORMATION SIGN - A repair facility must display a sign in the cashier's area, and in each location where customer service orders are written, informing customers of their basic rights under the law.

WRITTEN ESTIMATE - A repair facility must give a written estimate to the customer prior to repair work costing \$50 or more. Any additional repairs which exceed the estimated price by more than \$50 or 10% (whichever is less) must be approved by the customer before the additional work is done. This approval may be oral.

If the customer does not want a written estimate, the facility may have the customer sign a waiver giving up the right to receive the written estimate prior to repairs. One copy of the signed waiver must be given to the customer.

PARTS RETURN - Before beginning work on a customer's vehicle, a facility must inform the customer of the right to return of replaced parts. This can be done by means of a sign or by having proper wording on the face of the work order.

INVOICE - Upon completion of repairs, a repair facility must give the customer an invoice itemizing all parts and labor involved in the repair of the customer's vehicle. The invoice must disclose whether parts installed were new, used, rebuilt, or reconditioned. The name and Michigan certification number of the mechanic who performed the repairs must appear on the invoice. The invoice must contain a certification stating that the repairs were completed properly and must be signed by the owner or a person designated by the owner to represent the facility.

MECHANIC CERTIFICATION - If a repair facility performs major repairs, it must employ State of Michigan certified mechanics for the categories of major repair performed by the facility.

RECORDS MAINTENANCE - A facility must keep for a period of 3 years copies of all documents used by the facility in connection with repairs to customer vehicles. Body shops must keep parts sales records and/or a police book to record major component parts which are bought, sold, or acquired by the facility.

REGISTRATION NUMBER - The registration number assigned by the Department of State must appear on all written estimates, waiver of estimates, final invoices, or any other documents given to the customer. A repair facility may not do business until a registration number is issued.

If you would like a response to any questions you may have, please contact the Department of State at 1-888-SOS-MICH (1-888-767-6424). You may also be able to find the information on our website, Michigan.gov/sos under "Automotive-related Businesses."

Sincerely,

Michigan Department of State

<p>ALLOW AT LEAST 30 DAYS FOR PROCESSING</p>

REPAIR FACILITY REGISTRATION APPLICATION WORKSHEET

Item 14 "Fee Schedule" requires you to anticipate what your gross annual revenue will be for the first twelve months of business. This must be done to determine the appropriate registration fee to submit with your application.

This worksheet should provide you with a reasonably accurate picture of what your gross annual revenue will need to be to cover anticipated expenses and provide a profit.

Following are a number of questions which should help you to estimate your gross annual revenue.

In the blank spaces provided on lines 1 through 12, enter the amount of expense you anticipate. On line 13, enter the amount of profit you expect to earn. Total lines 1 through 13 and enter this amount on line 14. Multiply the amount shown on line 14 by 12 and enter on line 15.

1. Estimated payroll including owner-manager's salary per month. \$ _____
2. Estimated business location mortgage/rent payment per month. \$ _____
3. Estimated utility and telephone costs per month. \$ _____
4. Estimated equipment and tool purchase or rental per month. \$ _____
5. Estimated property, income, social security, and sales tax per month. \$ _____
6. Estimated insurance payment per month. \$ _____
7. Estimated interest payments on loans per month. \$ _____
8. Estimated franchise fee payment per month. \$ _____
9. Estimated cost of parts and supplies per month (refer to repair facility application Item 13 explanation). \$ _____
10. Estimated professional service cost per month (i.e., accountant, attorney, bookkeeper, etc.). \$ _____
11. Estimated cost of maintenance on equipment, tools, and building per month. \$ _____
12. Estimated miscellaneous expenses per month. \$ _____
13. Estimated profit anticipated per month. \$ _____
14. Total lines 1 through 13. \$ _____
15. Multiply the amount shown on line 14 by 12.
This is your anticipated gross annual revenue. \$ _____

THIS WORKSHEET IS FOR YOUR USE—DETACH BEFORE MAILING APPLICATION

ALLOW AT LEAST 30
DAYS FOR PROCESSING

FOR DEPARTMENT USE ONLY

REPAIR FACILITY NUMBER
APPROVED BY
DATE

MOTOR VEHICLE REPAIR FACILITY REGISTRATION APPLICATION

PLEASE TYPE OR PRINT

1. NAME - Enter the name of the corporation or other legal entity, if it is different than facility name.																						
2. FACILITY NAME - Enter the exact name used by the business at the location being registered.																						
3. NAME OF INDIVIDUAL IN CHARGE OF THIS LOCATION.	4. BUSINESS E-MAIL ADDRESS																					
5. FACILITY ADDRESS - Where business will be conducted. Submit a separate application for each location. (street) (city) (county) (state) (zip)																						
6. BUSINESS DAYS AND HOURS - Enter the days and hours the business will be open.	7. FACILITY TELEPHONE NUMBER																					
8. CATEGORY - Mark the one most appropriate description of your facility.																						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. <input type="checkbox"/> New Car Dealer</td> <td style="width: 33%;">H. <input type="checkbox"/> Auto Parts Shop</td> <td style="width: 33%;">Z. <input type="checkbox"/> Mobile Repair Facility or Other (specify) _____</td> </tr> <tr> <td>B. <input type="checkbox"/> Used Car Dealer</td> <td>I. <input type="checkbox"/> Specialty Shop</td> <td></td> </tr> <tr> <td>C. <input type="checkbox"/> Junk Dealer</td> <td>J. <input type="checkbox"/> Part of a Multi-Facility Chain</td> <td></td> </tr> <tr> <td>D. <input type="checkbox"/> Truck Dealer</td> <td>K. <input type="checkbox"/> Independent Garage</td> <td></td> </tr> <tr> <td>E. <input type="checkbox"/> Motor Home Dealer</td> <td>L. <input type="checkbox"/> Gasoline Service Station</td> <td></td> </tr> <tr> <td>F. <input type="checkbox"/> Motorcycle Dealer</td> <td>M. <input type="checkbox"/> Diagnostic Clinic</td> <td></td> </tr> <tr> <td>G. <input type="checkbox"/> Mobile Home Dealer</td> <td>N. <input type="checkbox"/> Body or Collision Shop</td> <td></td> </tr> </table>		A. <input type="checkbox"/> New Car Dealer	H. <input type="checkbox"/> Auto Parts Shop	Z. <input type="checkbox"/> Mobile Repair Facility or Other (specify) _____	B. <input type="checkbox"/> Used Car Dealer	I. <input type="checkbox"/> Specialty Shop		C. <input type="checkbox"/> Junk Dealer	J. <input type="checkbox"/> Part of a Multi-Facility Chain		D. <input type="checkbox"/> Truck Dealer	K. <input type="checkbox"/> Independent Garage		E. <input type="checkbox"/> Motor Home Dealer	L. <input type="checkbox"/> Gasoline Service Station		F. <input type="checkbox"/> Motorcycle Dealer	M. <input type="checkbox"/> Diagnostic Clinic		G. <input type="checkbox"/> Mobile Home Dealer	N. <input type="checkbox"/> Body or Collision Shop	
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9. OWNERSHIP TYPE <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	10. ORIGINATION DATE	11. STATE OF ORIGINATION																				
12. ANTICIPATED DATE BUSINESS WILL OPEN. (Business cannot open until a registration number is issued. Allow at least 30 days for processing.)																						

13. NUMBER OF MECHANICS - Enter the number of persons who diagnose, repair, or maintain motor vehicles. This includes even persons who do lubrication work, tire installation, and body and collision repairs.

14. FEE SCHEDULE - Gross annual revenue is the total amount of money you expect to receive in payment for services or repairs provided before expenses of any kind are subtracted. Use the attached worksheet to estimate your gross annual revenue.

<p>INCLUDE:</p> <ul style="list-style-type: none"> all parts, labor, and materials you expect to use in performing repairs. item such as tires, oil, oil filters, windshield wiper blades, body sheet metal components, batteries, belts, etc. labor, even if parts are not used. repairs covered by a warranty which reimburses you for parts used and/or labor. 	<p>DO NOT INCLUDE:</p> <ul style="list-style-type: none"> parts sold but not installed. fuel and lubricants sold over the counter. revenue obtained from vehicles not required to be registered and titled such as farm tractors, off road construction equipment, snowmobiles, etc.
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When you have found the revenue category which most accurately reflects your anticipated gross annual revenue, place a check in the box next to the fee to be paid. Please be aware that any misleading, incomplete, or false information provided may be grounds for denial of this application.

GROSS ANNUAL REVENUE	FEE	GROSS ANNUAL REVENUE	FEE	GROSS ANNUAL REVENUE	FEE
A. <input type="checkbox"/> Under \$5,000	\$25.00	H. <input type="checkbox"/> \$100,001 to \$120,000	\$200.00	O. <input type="checkbox"/> \$240,001 to \$260,000	\$375.00
B. <input type="checkbox"/> \$5,001 to \$15,000	\$50.00	I. <input type="checkbox"/> \$120,001 to \$140,000	\$225.00	P. <input type="checkbox"/> \$260,001 to \$280,000	\$400.00
C. <input type="checkbox"/> \$15,001 to \$25,000	\$75.00	J. <input type="checkbox"/> \$140,001 to \$160,000	\$250.00	Q. <input type="checkbox"/> \$280,001 to \$300,000	\$425.00
D. <input type="checkbox"/> \$25,001 to \$40,000	\$100.00	K. <input type="checkbox"/> \$160,001 to \$180,000	\$275.00	R. <input type="checkbox"/> \$300,001 to \$320,000	\$450.00
E. <input type="checkbox"/> \$40,001 to \$60,000	\$125.00	L. <input type="checkbox"/> \$180,001 to \$200,000	\$300.00	S. <input type="checkbox"/> \$320,001 to \$340,000	\$475.00
F. <input type="checkbox"/> \$60,001 to \$80,000	\$150.00	M. <input type="checkbox"/> \$200,001 to \$220,000	\$325.00	T. <input type="checkbox"/> Over \$340,000	\$500.00
G. <input type="checkbox"/> \$80,001 to \$100,000	\$175.00	N. <input type="checkbox"/> \$220,001 to \$240,000	\$350.00		

ENTER FEE TO BE PAID: _____

MAKE CHECKS PAYABLE TO: STATE OF MICHIGAN

MOTOR VEHICLE REPAIR FACILITY REGISTRATION APPLICATION

15. Is the business franchised? <input type="checkbox"/> NO <input type="checkbox"/> YES (If you checked YES, complete Item 16.)	16. Company and person selling franchise. Company _____ Person _____
17. Has any owner, officer, partner, member, trustee or other person listed on this application owned or participated in any other repair facility? <input type="checkbox"/> NO <input type="checkbox"/> YES (If you checked YES, complete Item 18.)	18. List all current or former repair facility registration numbers.

19. REPAIRS OFFERED - Check every category of motor vehicle repair you will offer.

Automobiles and Light Trucks (under 10,000 #GVW)

- A. All Repairs B through I
- B. Engine Repair
- C. Automatic Transmission
- D. Manual Transmission
- E. Front End, Suspension and Steering Systems
- F. Brakes and Braking Systems
- G. Electrical Systems
- H. Heating and Air Conditioning
- I. Engine Tune-Up/Performance
- J. Pre-1973 Vehicles

Recreational Trailers

- N. Recreational Trailer Repair

Heavy-Duty Trucks (over 10,000 #GVW)

- P. All Truck Repairs Q through V
- Q. Engine Repair - Gasoline
- R. Engine Repair - Diesel
- S. Drive Train
- T. Brakes and Braking Systems
- U. Suspension and Steering Systems
- V. Electrical Systems

Motorcycle

- M. Motorcycle Repair

Other Repairs

- Z. Body and Collision Repairs
- Other (specify) _____

20. CERTIFICATION OF MECHANICS - If your facility will be doing major repairs (A-V in Item 19 above), replacing collision-damaged mechanical components, or repairing structurally damaged unitized body vehicles, you must employ certified mechanics. Mechanics must be certified in the categories of repair offered.

MECHANIC'S NAME

MICHIGAN CERTIFICATION NUMBER

You may attach additional pages, if necessary.

NOTE - You may have mechanics in your facility who need state testing and certification. For information about where and when testing is available, contact the Secretary of State office in your area, or call the Michigan Department of State, Licensing Unit at 1-888-767-6424. Information regarding mechanic trainee permits can also be obtained by calling this number.

21. ARRESTS OR CONVICTIONS - Has any person listed in Item 22 been arrested or convicted of a crime, other than a traffic violation, in Michigan or any other state in the past 10 years? NO YES

If your answer is YES, give the name(s) of the person(s) involved and complete details of all arrests or convictions which took place. Attach an additional sheet, if necessary.

Name(s) of person(s) arrested or convicted: _____

Details: _____

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

Court of Record: _____

City and State: _____

MOTOR VEHICLE REPAIR FACILITY REGISTRATION APPLICATION

22. CERTIFICATION AND AUTHORIZED SIGNATURES

(If individual ownership, owner must sign. If partnership, all partners must sign. If limited liability company, all members must sign. If trust, the trustee must sign. If corporation, a corporate officer must sign, and all corporate officers, directors, resident agents in Michigan, and owners of 10% or more of the corporation must be listed.)

On this _____ day of _____, _____, I (we) certify to the truth and accuracy of all statements and representations made in this application, including all statements attached hereto. Further, 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) and all other owners of this business, if any. I (We) further agree that this appointment shall remain in force as long as any liability of the business shall remain outstanding within the State of Michigan. I (We) understand that if I (we) do major repairs, I (we) shall employ mechanics certified with the State of Michigan in the categories of repair I (we) offer. I (We) further certify that we have read and understand the requirements of the Repair Facility Manual and the Motor Vehicle Service and Repair Act [Public Act 300 of 1974]. I (We) also understand and agree to maintain all records as required by law for a period of 3 years.

Any misleading, incomplete, or false statement may be grounds for denial of this application or suspension or revocation of the registration. Failure to notify the Michigan Department of State of material changes may be grounds for suspension or revocation of the registration.

PLEASE PRINT EXCEPT FOR SIGNATURE. ALL CORPORATE OFFICERS AND OWNERS OF 10% OR MORE OF THE BUSINESS INTEREST MUST BE LISTED BELOW. SEE FIRST PARAGRAPH ABOVE.

Owner, Partner, Officer, Trustee, Director, Resident Agent or Member Name	Signature	Title
Michigan Driver's License Number or Michigan Identification Number		
Corporation Identification Number (State)	or	(Federal)
Home Address (Street)	(City/State)	(Zip Code)
Home Telephone Number		
Principal Occupation for Past Five (5) Years		Birth Date
Owner, Partner, Officer, Trustee, Director, Resident Agent or Member Name	Signature	Title
Michigan Driver's License Number or Michigan Identification Number		
Corporation Identification Number (State)	or	(Federal)
Home Address (Street)	(City/State)	(Zip Code)
Home Telephone Number		
Principal Occupation for Past Five (5) Years		Birth Date
Owner, Partner, Officer, Trustee, Director, Resident Agent or Member Name	Signature	Title
Michigan Driver's License Number or Michigan Identification Number		
Corporation Identification Number (State)	or	(Federal)
Home Address (Street)	(City/State)	(Zip Code)
Home Telephone Number		
Principal Occupation for Past Five (5) Years		Birth Date
Owner, Partner, Officer, Trustee, Director, Resident Agent or Member Name	Signature	Title
Michigan Driver's License Number or Michigan Identification Number		
Corporation Identification Number (State)	or	(Federal)
Home Address (Street)	(City/State)	(Zip Code)
Home Telephone Number		
Principal Occupation for Past Five (5) Years		Birth Date

Mail completed application and fee to:
Michigan Department of State
Office of Investigative Services
Business Licensing Section
Lansing, Michigan 48918

You may attach additional pages, if necessary.