

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 the date their associated dealer expires. 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 - PLEASE PRINT OR TYPE

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

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

Dealership Name	Dealer License Number	Telephone Number

Street Address	City	State	Zip Code

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. Each applicant is required to provide either a completed fingerprint card or a Live Scan receipt at the time the initial application is submitted. 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. Send a fingerprint card for each applicant along with the items requested in the Non Resident 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.fees), a daytime telephone number, or an e-mail address

Mail the completed fingerprint card and required Live Scan fingerprinting forms to:

IdentoGo By MorphoTrust USA
Attn: Card Scan Processing Unit
1650 Wabash Ave, Suite D
Springfield, IL 62704

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.

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

Print Full Name of Salvage Vehicle Agent

Signature of Salvage Vehicle Agent

Date of Signature

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
Business Licensing Section
Lansing, MI 48918

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

ALLOW 30 DAYS FOR PROCESSING



STATE OF MICHIGAN
DEPARTMENT OF STATE
LANSING

**SALVAGE VEHICLE AGENT
EMPLOYMENT CERTIFICATION**

I certify that _____,
(Agent's Name – Printed)

driver license or personal identification number _____
is a bona fide employee of:

(Name of Dealership)

(Dealer License Number)

and that the dealer takes responsibility for this employee's actions in the course of employment. Should the employment be terminated, the dealership agrees to surrender the photo identification card and notify the Michigan Department of State, Bureau of Driver and Vehicle Programs, Business Licensing Section **within five days**.

(Signature of Dealer) (Title)

(Printed Name of Dealer) (Date)

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 AR	2. Requestor/Agency ID 1340A	3. Agency Name Department of State			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	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.

Non Resident Card Scan Processing Procedures

Applicants who reside in an area where no IdentoGO By MorphoTrust USA Live Scan machine is available may use the IdentoGO By MorphoTrust USA Fingerprint Card 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 a fingerprint record processed as quickly as if the person had traveled to a LiveScan machine. The sections that follow detail the procedures for submitting fingerprints to the Card Scan Processing Unit.

Michigan Licensing

An Applicant 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 printed to a hard card.

Please provide the following information to the technician capturing the fingerprints

- **Capturing Four-Finger Slaps:**

- Fingers must be placed vertically, straight up-and-down, when capturing the four-finger slaps as depicted below:



- Michigan State Police will reject and refuse to process any fingerprint cards that have the four finger slap prints at an angle.

- **Capturing Individual Fingers:**

- Each finger and thumb will need to be rolled completely from one side of the fingernail to the other side of the fingernail.
- Michigan State Police will reject and refuse to process any fingerprint card that contains non-rolled fingerprints.

- **Submitting Fingerprint Cards:**

- Fingerprints may be submitted on standard FD-258 FBI applicant cards or fingerprint cards from any other state or local government agency (we prefer standard FBI applicant cards).
- The fingerprint card must be completely filled-out in legible print. The following information must be included:
 - ✓ 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 Agency ID number or MSP Requester ID number
- To ensure that a fingerprint record is processed under the correct Requesting Agency and for the correct fingerprint reason, applicants must mail a copy of the appropriate Michigan form with the fingerprint card. The Michigan form will be one of the following:
 - Live Scan Fingerprint Request Form
 - Long Term Care Workforce Background Check Form
 - Licensing Record Clearance Request Form

Hard Card Scan Registration Process

Once fingerprints are captured on a hard card and the information on the card is completely filled-out, please follow the steps listed below:

- Go to www.identogo.com website
- Click on the State of Michigan
- Select Online Scheduling
- Select desired language preference
- On the next page, enter the appropriate Agency or Requester ID Number
- On the page that requests a Zip Code be entered to find a fingerprint location or to select a region to find a fingerprint location, please select: **Pay for Ink Card Submission**
- Please select **OK** when the disclaimer pops-up asking to confirm that you truly want to submit a Hard / Ink Card to MorphoTrust USA

- Next, enter complete demographic information. Please make sure the information entered exactly matches the data fields that were filled-out on the Hard / Ink Card.
- Select a preferred method of payment from the drop down menu of options.

Shipping Hard Cards for Processing

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:

***IdentoGo By MorphoTrust USA
Attn: Card Scan Processing Unit
6840 Carothers Parkway Suite 650
Franklin, TN 37067***

Important Reminders

- Please include a daytime telephone number or email address where the applicant can be reached if we have a question about the fingerprint card.
- The full name of the applicant must be included on the check or money order.
- Failure to completely fill- out the information on a fingerprint card will result in the card being returned to the applicant; delaying the licensing process.
- Applicants wishing to verify that a fingerprint card has been processed may call 866-226-2952 and speak with a customer service representative.