

**VEHICLE PROTECTION PRODUCT WARRANTOR NOTICE**

AUTHORITY: 2005 PA 263

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN FAILURE TO PROCESS THIS NOTICE

Warrantor Name		Assumed Name(s) or DBA(s) (attach additional pages, if necessary)	
Principal Office Address			
City	State	ZIP Code	Telephone Number ()
Designated Agent for Service of Process in this State (if not the warrantor)			
Name			
Address		City	State ZIP Code
Executive Officer(s) directly responsible for the warrantor's warranted product business			
Names			
Administrators (if applicable, use additional sheets if necessary)			
Name		Telephone Number ()	
Address			
Required Documents: <ul style="list-style-type: none">A copy of the Warranty Reimbursement Insurance Policy or policies or other financial information required by MCL 257.1249.Copies of each warranty to be used in Michigan.			
Certification <p>I certify that I qualify to do business in this state as a warrantor under Section 9 of the Vehicle Protection Act, 2005 PA 263.</p> <p>I certify that the statements in the notice are true and complete and I understand that any omitted statement, misrepresentation, or fraud may be cause for disciplinary action or may be punishable by law.</p> <p>_____</p> <p>Signature Date</p>			
FEE PAYMENT INFORMATION		FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
Notice Processing Fee \$250.00		18-01 = \$250.00	License Number
			Approved By: Date Approved:
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN			
FEE IS AUTHORIZED UNDER 2005 PA 263 AND NOT REFUNDABLE.			