



## 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)
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Principal Office Address			
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City	State	ZIP Code	Telephone Number (       )
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**Designated Agent for Service of Process in this State (if not the warrantor)**

Name			
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Address	City	State	ZIP Code
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**Executive Officer(s) directly responsible for the warrantor's warranted product business**

Names			
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**Administrators (if applicable, use additional sheets if necessary)**

Name	Telephone Number (       )
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Address			
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- Required Documents:**
- 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**

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.

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.

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Signature Date

FEE PAYMENT INFORMATION	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY	
Notice Processing Fee <span style="float: right;">\$250.00</span>	18-01 = \$250.00	License Number	
		Approved By:	Date Approved:
Make your check or money order in U.S. Currency payable to: <b style="text-align: center;">STATE OF MICHIGAN</b>			
FEE IS AUTHORIZED UNDER 2005 PA 263 AND NOT REFUNDABLE.			