REPAIR FACILITY APPLICATION SIGNATURES AND CERTIFICATION PAGE

(FOR ONLINE REPAIR FACILITY APPLICATIONS ONLY)

Each individual listed as an owner, partner, corporate officer, and/or director must sign. Attach more than one sheet if necessary. CAUTION: ANY MISLEADING, INCOMPLETE, OR FALSE STATEMENT MAY BE GROUNDS FOR DENIAL OF THIS APPLICATION OR SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED.

I (We) certify to the truth and accuracy of all statements and representations made in this application including all statements attached hereto.

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.

Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
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