



STATE OF MICHIGAN  
JOCELYN BENSON, SECRETARY OF STATE  
DEPARTMENT OF STATE  
LANSING

**MICHIGAN REPAIR FACILITY CLOSEOUT STATEMENT**

I, \_\_\_\_\_ as \_\_\_\_\_  
(Name) (Position/Title)

of \_\_\_\_\_, hereby certify that I have discontinued  
(Name of Repair Facility)

business as a Michigan Repair Facility, \_\_\_\_\_,  
(Repair Facility Registration Number)

effective, \_\_\_\_\_.  
(Date)

Office of Investigative Services Representative \_\_\_\_\_ on \_\_\_\_\_.  
(Representative Name) (Date)

I certify that all statements I have made herein are true and accurate to the best of my knowledge. I understand that, according to Section 6 [MCL 257.1306] of the Motor Vehicle Service and Repair Act [MVSRA; MCL 257.1301 et seq.] that I cannot lawfully operate a motor vehicle repair facility in Michigan without a registration. I further certify that I will surrender or dispose of the repair facility registration certificate issued by the Michigan Department of State.

\_\_\_\_\_  
(Signature and Title)

\_\_\_\_\_  
(Date)