

FOREIGN SALVAGE VEHICLE DEALER LICENSE APPLICATION

(PLEASE READ CAREFULLY BEFORE COMPLETING)

All questions must be answered. Incomplete applications will not be processed.

LICENSE CLASSIFICATION

The license you are applying for is a Michigan Foreign Salvage Vehicle Dealer License (Class H). This license only permits the wholesale purchase or sale of salvage vehicles (late model distressed vehicles) or late model major component parts in Michigan. Vehicles or parts purchased in Michigan are expected to be taken to your home state/jurisdiction. Parts or vehicles brought into Michigan for sale may only be wholesaled. Other activities may require a separate Michigan vehicle dealer license. All Dealer Licenses expire on December 31st and must be renewed annually.

SALVAGE VEHICLE AGENT (SVA) LICENSE REQUIREMENT

A Salvage Vehicle Agent License (SVA) application (AR-0188) must be submitted with this application and must be renewed annually with the corresponding Foreign Salvage Dealer License. See the SVA application (AR-0188) for more information.

BUSINESS ENTITY AND BUSINESS LOCATION This information concerns the business as it is licensed in your home state or jurisdiction

1. Business Name (Corporate name and/or any assumed names)

2. Business Street Address (Actual location must be identified and must correspond to your home state license)
(Street) (City) (State/Province) (Zip) (Township) (County)

3. Business Telephone Number and Email Address

Phone: _____

Email: _____

4. Federal Employer Identification Number (FEIN), or
Social Security Number (SSN), or
Social Insurance Number (SIN): _____

5. Business Type

☐ INDIVIDUAL OWNER

☐ PARTNERSHIP

☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

INDIVIDUAL OWNERS AND PARTNERSHIPS: Enclose a copy of the partnership agreement or assumed name filing, if applicable.

CORPORATIONS: Enclose a copy of your articles of incorporation and corporate assumed name filing, if applicable.

ESTABLISHED PLACE OF BUSINESS

6. BUSINESS LOCATION

A. How long have you occupied the location described in Item 2?

B. Do you: ☐ RENT ☐ LEASE ☐ OWN this property?

C. If you rent or lease this property, give the name and address of the person from whom you rent or lease:

D. If you do not own this property, how long are you authorized to occupy this location?

E. If you are buying this property, give the name and address of the seller:

F. Is the location shared with any other business?

☐ NO ☐ YES

If YES, give the business name and the nature of that business:

G. Please enclose a copy of your rental or lease agreement contract, or right of occupancy, or proof of ownership. **(This is required)**

H. What are your established business days and hours?

DEALER LICENSE HISTORY Pertains to the business named in Item 1. Attach a copy of your home state/jurisdiction vehicle dealer license.

7. Licensing State/Jurisdiction

8. Dealer License Number

9. Give the name, address, and telephone number of the dealer licensing agency in your home state/jurisdiction:
(Agency Name)

(Street Address)

(City)

(State/Province)

(Zip)

10. How long has this license been in effect?	11. When does the license expire?
12. What is the term of the license? <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> Other _____	
13. Does your dealership hold the appropriate license in your home state/jurisdiction to buy, sell, or otherwise deal in distressed late model vehicles or salvageable parts? <input type="checkbox"/> NO <input type="checkbox"/> YES	

Submit a current copy of this license and/or all additional licenses you hold pertaining to salvage or wrecked vehicles in your home state.

WORKERS' COMPENSATION INSURANCE

14. Is this business covered by workers' compensation insurance in the home state/jurisdiction under either Standard Industrial Classification (SIC) code number 4015 (Motor Vehicle Parts-Used) or National Council on Compensation Insurance (NCCI) code number 3821 (Automobile Dismantling)?

☐ NO ☐ YES

If YES, provide the insurance company name, policy number, and expiration date: _____

Include a copy of the ACORD insurance form showing current coverage.

If NO, indicate whether the business is exempt from workers' compensation coverage as a used motor vehicle parts or automobile dismantling facility, or why there is no such coverage:

INDIVIDUAL APPLICANT HISTORY

15. BUSINESS OWNERS, PARTNERS, CORPORATE OFFICERS, DIRECTORS, AND STOCKHOLDERS:

List information for all owners, partners, corporate officers, and directors. If your business is a corporation, stockholders holding 10% or more of the stock issued are considered owners. All persons listed are applicants and must submit to fingerprinting, must answer all questions, and furnish information as required in connection with this application. The complete name, date of birth, social security number (or SIN), **home address (as listed on your State ID)**, area code, and home telephone number are required for each applicant.

A. Name (First)	(Middle)	(Last)	Date of Birth	Social Security Number
Home Address	(Street)	(City)	(Zip)	Home Telephone Number
B. Name (First)	(Middle)	(Last)	Date of Birth	Social Security Number
Home Address	(Street)	(City)	(Zip)	Home Telephone Number
C. Name (First)	(Middle)	(Last)	Date of Birth	Social Security Number
Home Address	(Street)	(City)	(Zip)	Home Telephone Number
D. Name (First)	(Middle)	(Last)	Date of Birth	Social Security Number
Home Address	(Street)	(City)	(Zip)	Home Telephone Number
E. Name (First)	(Middle)	(Last)	Date of Birth	Social Security Number
Home Address	(Street)	(City)	(Zip)	Home Telephone Number

ATTACH ADDITIONAL SHEETS IF NECESSARY

YOU MUST COMPLETE ONE COPY OF THIS PAGE FOR EACH APPLICANT LISTED IN ITEM 15

16. Applicant Name	17. Social Security Number (or SIN if applicable)		
18. A. What is your present position with this business?			
B. How long have you been associated with the business?		C. What are your duties?	
19. List any other business licenses you have held during the past five (5) years, including dealer, salesperson, agent, etc.			
20. Are you related by birth or marriage to a currently or previously licensed dealer in Michigan or in any other state or jurisdiction?			
<input type="checkbox"/> NO <input type="checkbox"/> YES If YES, complete the following:			
A. Person Related To:		Relationship:	
B. Dealership Name and Address:			
C. Dealership License Number and State or Jurisdiction:			
21. In addition to the license in Item 8, have you been licensed under any other license to buy and sell vehicles or parts IN ANY STATE, within the past five (5) years? Attach additional page if necessary.			
<input type="checkbox"/> NO <input type="checkbox"/> YES If YES, complete the following:			
(Licensing State/Jurisdiction)		(Which Years?)	
(Dealership Name)	(Dealer License Number)	(Area Code/Telephone Number)	
(Street Address)	(City)	(State)	(Zip)
License Status: <input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Cancelled			

1) Employer Name	Employer Address	Employer Phone
Job Title	Dates of Employment From: _____ To: _____	
2) Employer Name	Employer Address	Employer Phone
Job Title	Dates of Employment From: _____ To: _____	
3) Employer Name	Employer Address	Employer Phone
Job Title	Dates of Employment From: _____ To: _____	

23. Have you ever been named on any application for a vehicle dealer license of any kind IN ANY STATE which was revoked, suspended, denied, refused, or withdrawn?

☐ NO ☐ YES

If YES, give details, including dates. Attach additional sheets, if necessary.

CRIMINAL HISTORY All information for all applicants must be provided at the time of the initial application. A completed Live Scan Fingerprint Background Check Request (RI-030) form for all applicants must immediately follow this application. See Page 4 for additional information.

24. Have you been arrested OR convicted of any crime within the past ten (10) years? ☐ NO ☐ YES

If YES give complete details of all arrests or convictions, including dates, arresting agency, etc., and disposition.

LICENSE FEES (Class H – Foreign Salvage Vehicle Dealer)

25. License Fee >>>>..... \$160.00 ☐

MAKE CHECK OR MONEY ORDER PAYABLE TO THE "STATE OF MICHIGAN"

FINGERPRINTS (Please read carefully)

26. Each individual listed in Item 15 on the application must be fingerprinted.

Please submit your Original Vehicle Dealer License Application prior to being fingerprinted. Federal law requires the Business Licensing Section have your signed application on file prior to receiving your background information. Please submit your Live Scan form immediately after being fingerprinted.

Fingerprints are taken by appointment only. To see information, options, and to schedule an appointment, go to the IdentoGO website for Michigan and choose the appropriate link. Further information can also be found in the attached IdentoGO documents. Use the link below to go to the IdentoGO Michigan page.

[IdentoGO Michigan Fingerprinting & Enrollment Services](#)

You will need the Agency ID from our Live Scan form to search in the IdentoGO website. Please note that we no longer accept physical hard copies of fingerprints in our office. Any hard copies submitted to our office will be destroyed and you will have to be re-printed. There is an option to submit hard copies of prints to IdentoGO for processing; follow the above IdentoGO link for instructions on how to submit them.

All fees associated with fingerprinting will be collected by the printing agency. They will provide you with a signed receipt as proof of fingerprinting.

CERTIFICATION AND SIGNATURES

27. CAREFULLY READ BEFORE SIGNING. **ALL APPLICANTS LISTED IN ITEM 15 MUST SIGN.**

- I/We certify that the statements contained in this application are true and that I/we, as owner, partner, or officer, director, or stockholder of the corporation, have authority to sign this application and to make the statements contained herein. I/We understand that any misleading, incomplete, or false statement shall be grounds for denial of this application or the suspension or revocation of this license.
- I/We stipulate and agree that any legal process affecting this business served on the Michigan Department 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 this business remains outstanding within the State of Michigan.
- I/We stipulate and agree that I/we now have and will maintain an established place of business in my/our home state or jurisdiction. I/We further stipulate and agree that I/we will maintain records, including a police book and vehicle parts purchase and sales record, as required, and that I/we will make these records available for inspection at a location in Michigan within 40 hours' notice.
- I/We further certify that I/we will immediately notify the Business Licensing Section on any change in business location, home address, business identity, or licensing status in the home state or jurisdiction.
- I/We further certify that I/we will maintain the vehicle dealer license in my/our home state or jurisdiction or that I/we will immediately notify the Business Licensing Section of any termination of that license for any reason and will immediately surrender the Michigan Foreign Salvage Vehicle Dealer License granted. I/We understand that failure to do so shall be grounds for revocation of this license.
- I/We hereby certify that the persons named in this application have read: Chapter 2 of the Michigan Vehicle Code, other applicable laws that pertain to my/our dealer license and the department's Dealer Manual (available at Michigan.gov/sos) and understand the requirements of the license type that I/we are applying for
- I/We hereby certify that the business named in this application maintains, and will maintain once a license is issued, records as required by law and/or prescribed by the Secretary of State, which may include a police book, temporary registration log, vehicle parts purchase and sales records.
- I/We hereby certify that the persons named in this application, if maintaining an electronic police book, will ensure that a paper copy is available upon request by an agent of the Secretary of State or law enforcement. I/We hereby certify that the persons named in this application will take the necessary precautions to ensure the protection of the required records from fire, water damage or malfeasance.

- I/We understand that the Secretary of State is not responsible for the validity of documents that I/we complete and file with the Secretary of State. I/We further understand that I/we are responsible for any false information, errors or omissions in regard to documents presented to the Secretary of State for processing.
- I/We hereby certify that the persons named in this application are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this license. If granted a license I/we hereby certify that the persons named in this application will not sublet the dealer license to other persons and/or allow unlicensed individuals to use the license to conduct their own business/transactions.
- I/We understand that I/we are fully responsible for all transactions conducted with my/our dealer license number. I/We will take the necessary measures to prevent the unauthorized use of my/our dealer license number including properly completing all paperwork, forms, police book entries, temporary registration log entries, inspection of auction sales and inventory control records.
- I/We hereby grant the licensing authority in any state or jurisdiction listed in this application authority to release information concerning any previous license applications, licensing history, and disciplinary actions or sanctions to the Secretary of State or his/her agents.
- I/We hereby grant any employers named in this application authority to release information concerning my/our employment history to the Secretary of State or his/her agents.
- I/We, the applicants named herein, hereby certify that the statements contained in this application are true to the best of my/our knowledge and belief.

Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date

***FAILURE TO DISCLOSE ALL INFORMATION OR PROVIDING FALSE OR INCOMPLETE INFORMATION
COULD RESULT IN THE DELAY AND/OR DENIAL OF A MICHIGAN LICENSE.***

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

CHECKLIST

A. Check to see that you have completed this form entirely. You may photocopy Page 3 as needed for each applicant.

B. Be sure to include the following additional items:

- ☐ **A copy of your home state vehicle dealer license. (See Dealer License History on Page 1)**
- ☐ **A copy of your home state license that allows you to deal in salvage or wrecked vehicles. (If different than home state vehicle dealer license requested above. See page 2)**
- ☐ **A certificate of insurance for workers' compensation insurance or any additional statements necessary to explain your exemption from workers' compensation in your state. (See Workers' Compensation Insurance on Page 2)**
- ☐ **Additional sheets, as necessary to reflect the business history and association, dealer license application history, and criminal history of each applicant as needed.**
- ☐ **A copy of the rent, lease, purchase agreement, deed, or other evidence of ownership or right of occupancy for the business location. (See Established Place of Business on Page 1)**
- ☐ **Complete the fingerprint process (See page 4) for each applicant listed in Item 15.**
- ☐ **A copy of the articles of incorporation, if the business is a corporation; or a copy of the partnership filing or agreement, or assumed name filing, if applicable. (See page 1)**
- ☐ **Salvage Vehicle Agents MUST physically visit a Michigan Secretary of State branch office in order to have their picture taken for their Salvage Vehicle Agent Identification card.**
- ☐ **Make your check or money order payable to the STATE OF MICHIGAN.**

C. Mail application materials and fee to:

**Michigan Department of State
Business Licensing Section
Lansing, MI 48918**

ORIGINAL SALVAGE VEHICLE AGENT LICENSE APPLICATION

(PLEASE READ CAREFULLY BEFORE COMPLETING)

License Number _____

Dealer Number _____

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. **ALL 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 purchasing distressed late model vehicles or salvageable parts from auctions or salvage pools in Michigan. No business authorized by this license may be conducted at an auction 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 and must be signed by the agent. The agent is required to be photographed at a branch office in **Michigan**.

The dealer must renew both the dealer license and the salvage agent license together. 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 Business Licensing Section.

INSTRUCTIONS 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, that person must complete and sign both sections. The dealer signing the application is certifying to the accuracy of the *entire* application. A dealer shall have no more than two (2) licensed salvage vehicle agents.

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)	
DATE OF BIRTH	WEIGHT	HEIGHT		EYE COLOR	
DRIVER LICENSE OR PERSONAL ID NUMBER		ISSUING STATE	SOCIAL SECURITY # or SOCIAL INSURANCE # or ITIN		
EMAIL ADDRESS		HOME PHONE 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? _____
What are your duties? _____
- 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, this **MUST** be reflected in our records or we cannot process this application.
- 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

Expiration Date: _____

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. Please provide a full 5-year employment history. If self-employed, indicate "S/E" and provide business name, address, and type of business. Include any periods of unemployment.

1) Employer Name	Employer Address	Employer Phone
Job Title	Dates of Employment From: _____ To: _____	
2) Employer Name	Employer Address	Employer Phone
Job Title	Dates of Employment From: _____ To: _____	
3) Employer Name	Employer Address	Employer Phone
Job Title	Dates of Employment From: _____ To: _____	

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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.

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)

The individual listed in Section 1 of this application must be fingerprinted.

NOTICE: Please submit your Original Salvage Vehicle Agent License Application prior to being fingerprinted. Federal law requires the Business Licensing Section have your signed application on file prior to receiving your background information. Please submit your Live Scan form immediately after being fingerprinted.

Fingerprints are taken by appointment only. To see information, options, and to schedule an appointment, go to the IdentoGO website for Michigan and choose the appropriate link. Further information can also be found in the attached IdentoGO documents. Use the link below to go to the IdentoGO Michigan page.

[IdentoGO Michigan Fingerprinting & Enrollment Services](#)

You will need the Agency ID from our Live Scan form to search in the IdentoGO website. Please note that we no longer accept physical hard copies of fingerprints in our office. Any hard copies submitted to our office will be destroyed and you will have to be re-printed. There is an option to submit hard copies of prints to IdentoGO for processing; follow the above IdentoGO link for instructions on how to submit them.

All fees associated with fingerprinting will be collected by the printing agency. They will provide you with a signed receipt as proof of fingerprinting.

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 Live Scan.

Print Full Name of Salvage Vehicle Agent

Signature of Salvage Vehicle Agent

Date of Signature

Please Allow 30 Days For Processing

SECTION 2

A. DEALER INFORMATION-TO BE COMPLETED BY THE DEALER OWNER/PRINCIPAL

10. Dealer License Information:

The business **must be licensed** by the Michigan Department of State as either a Class C, R or H dealer. See Dealer Classifications for additional information. Applications submitted without an appropriate dealer affiliation will not be processed.

Note: The address must be the same as shown on the current dealer license and must identify the actual business location. Rural Route and Post Office Box numbers alone are not acceptable.

Business Name	Dealer License Number	
Business Street Address	City	State
Business Telephone Number(s)	County	Zip Code
Business Email Address		

B. DEALER UPDATE ON LICENSE STATUS AND ARREST/CONVICTION INFORMATION

11. Has the dealership had any change in ownership, name, location, or licensing status during this calendar year which is not reflected on your dealer license?

☐ NO

☐ YES

If YES, what changes have taken place?

12. Has any owner, member, partner, officer, director, or stockholder owning 10% or more of the stock in this business, been arrested for **OR** convicted of any crime that was not reported on your original dealer license or last renewal application filed with the Michigan Department of State or for this application?

☐ NO

☐ YES

If YES, please provide the name, date, location, and details. Attach extra page if necessary.

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 Michigan Department of State records as an owner, member, partner, officer, director, or stockholder owning 10% 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 the denial, 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 Owner / Principal

Title of Dealer Owner / Principal

Signature of Dealer Owner / Principal

Date of Signature

CHECKLIST

- A. Verify that both sections of this form have been fully completed.
- B. Verify that both the agent and the dealer have signed and dated the form.
- C. Be sure to include the following additional items:
 - 1. Complete the fingerprint process for the agent as described in Section D.
 - 2. The agent's completed and signed Live Scan Fingerprint Background Check Request (RI-030) form.
 - 3. A copy of the agent's most recent W-2 or W-4 form showing employer/employee relationship.
 - 4. Any additional sheets necessary to fully answer items.
 - 5. The Salvage Vehicle Agent Employment Certification completed and signed by the dealer/principal.
 - 6. The \$50.00 salvage vehicle agent license fee in the form of a check or money order made payable to the **State of Michigan**.
 - 7. Out of State Foreign Salvage applicants must have a Class H license through the State of Michigan or must submit a Class H dealer application with this application.

Mail this application, fees, and related documents to:

*Michigan Department of State
Business Licensing Section
Lansing, MI 48918*

Questions? Email Licensing@Michigan.gov or 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, Office of Investigative
Services, Business Licensing Section **within five days**.

(Signature of Dealer/Owner/Principal)

(Title)

(Printed Name of Dealer/Owner/Principal)

(Date)

Fingerprinting:

Submit a Live Scan Fingerprint Background Check Request (RI-030) form for each new applicant. The RI-030 form found in this packet is intended **only** for Business Licensing applications and should not be used for any other purposes. **Fingerprints are taken by appointment only.** To schedule an appointment or get more information, visit [IdentoGO Michigan Fingerprinting & Enrollment Services](#) and choose the appropriate link.

The following information **MUST** be entered in “Section I” of the RI-030 before going to your appointment:

Fingerprint Reason Code:	AR
Requestor/Agency ID:	1340A
Agency Name:	MDOS Business Licensing Section
Individual ID (MNU-OA):	No Individual ID is needed for this agency.

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	2. Requestor/Agency ID	3. Agency Name			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 ft. in.	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							
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)							
VI. Consent							
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.							
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.



Michigan Non-Resident Processing Options

Applicants, who reside outside of the State of Michigan, may use one of the following two Non-Resident Processing Options. **Option 1**, the IdentoGO Out of State Digital Fingerprinting Service or **Option 2**, the IdentoGO Non-Resident Card Scan Service. Each of the two options are detailed below to assist you in finding which option works best for you.

Option 1: IdentoGO Out of State Digital Fingerprinting Service

- Go to www.identogo.com website
- Select the State of **Michigan**
- Select the **Register for Out of State Digital Fingerprinting Services (Livescan)** option

The screenshot shows the IdentoGO website interface for Michigan. At the top, the IdentoGO logo is on the left, and a 'Start Over' button is on the right. Below the logo, the word 'Michigan' is displayed. The main heading is 'Fingerprinting & Enrollment Services'. There are several informational sections: 'COVID-19 DELAYS', 'Enrollment Center Health and Wellness', and 'For Licensing, Certification or Employment requirements in Michigan'. The 'Important!' section states: 'You must finish the registration process to be fingerprinted. You will receive an email or a confirmation number when registration is complete.' Below this, there are five columns of options: 1. 'In-State Digital Fingerprinting Services (Live Scan)' with a 'Register for In-State Digital Fingerprinting Services' button. 2. 'Out-of-State Digital Fingerprinting Services (Live Scan)' with a 'Register for Out-of-State Digital Fingerprinting Services' button, which is circled in red. A note below this button states: 'Please note: an additional \$39.95 fee will be applied at time of service at Out-Of-State facilities.' 3. 'For Non-Resident Cardscan Process' with a 'Register for Non-Resident Cardscan Processing Service' button. 4. 'To Look Up or Change an Existing Appointment' with a 'Registration ID (REGID)' button and an 'Email Address' input field. 5. 'For Fingerprint Rejection Notices' with a 'To schedule your retake appointment, please contact us at (866) 226-2952.' At the bottom, there is a section for 'For Travel Security Screening and Transportation Threat Assessments' with three icons. A footer bar contains the text: 'If you have any questions with the website, please call (866) 226-2952.'

- Please Note: There will be an additional \$39.95 Convenience Fee charged at the time of fingerprinting at the IdentoGO Out of State Enrollment Center.
- Applicants will enter required information just as they would if they were scheduling an appointment for a local Michigan Enrollment Center today.
- Applicants enter their current zip code for where they are currently located, as shown on the screen example below.

IdentoGO

Michigan

Appointment Details

Enter a zip code to determine the closest fingerprinting location.

REFUND POLICY | PRIVACY STATEMENT

If you have any questions with the website, please call (866) 226-2952.

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- Enrollment Centers will display based on proximity the applicant's zip code
- If there is not an Enrollment Center in your area, you have the option to stop the pre-enrollment for OOS and begin a pre-enrollment to submit a Non-Resident Cardscan hard card via mail, as noted in Option 2.

IdentoGO

Michigan

Appointment Details

Send Fingerprint Cards via Mail

Commercial Centers (CC) offer a variety of additional products and services. Please refer to the service icon for availability by location.

Zip Code: 37067

Monday
1/18/2021

Tuesday
1/19/2021

Wednesday
1/20/2021

Thursday
1/21/2021

Friday
1/22/2021

Saturday
1/23/2021

Sunday
1/24/2021

State Delivery
TN State Delivery
600 Charlotte Ave
Nashville, TN 37243
Turn left at Sonic.

Next Week >

- Once the applicant selects the Enrollment Center they will be visiting, the remainder of the pre-enrollment process must be completed.
- Applicants will visit the Enrollment Center on their selected appointment date and time to complete the process with Livescan Fingerprint capture.

Option 2: IdentoGO Non-Resident Card Scan Service

The Card Scan Processing Program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. The section below details 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 on an FBI (FD-258) fingerprint card or Live Scan fingerprints printed to an FBI (FD-258) fingerprint 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 must be submitted on standard FBI (FD-258) fingerprint hard card. IDEMIA will not process any other state or local government agency's fingerprint card, we can only accept the standard FBI (FD-258) fingerprint hard card (white with light blue trim).



- The fingerprint card must be completely filled-out in legible print. The following information must be included, or the Fingerprint Card will not be processed:
 - ✓ 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 (RI-030)
 - Long Term Care Workforce Background Check Form
 - Licensing Record Clearance Request Form

Hard Card Scan Registration Process

Once fingerprints are captured on a fingerprint hard card and the individual's demographic data is completely filled-out, please follow the steps listed below:

- Go to www.identogo.com website
- Select the State of **Michigan**
- Select the **Register for Non-Resident Cardscan Processing Service** option

The screenshot shows the IdentoGO website interface for Michigan. At the top, there's a navigation bar with the IdentoGO logo and a 'Select State' dropdown menu set to 'Michigan'. Below this is a section titled 'Fingerprinting & Enrollment Services'. There are several informational banners, including one about COVID-19 delays and another about enrollment center health and wellness. The main content area is titled 'For Licensing, Certification or Employment requirements in Michigan' and contains a grid of service options. The 'Register for Non-Resident Cardscan Processing Service' option is highlighted with a red circle. Other options include 'In-State Digital Fingerprinting Services (Live Scan)', 'Out-of-State Digital Fingerprinting Services (Live Scan)', 'For Non-Resident Certification Process', 'To Look Up or Change an Existing Appointment', and 'For Fingerprint Rejection Notices'. At the bottom, there's a section for 'For Travel Security Screening and Transportation Threat Assessments' and a footer with contact information.



- Please select **OK** when the disclaimer pops-up asking to confirm that you truly want to submit a Hard / Ink Card to IdentoGO.
- On the next page, enter the appropriate **Agency or Requester ID Number**
 - If required by your Agency or Requester ID Number, you will be prompted to enter your **LARA Workforce Background Check System**:
 - **Confirmation Number**
- Next, enter complete demographic information. Please make sure the information entered exactly matches the data fields that were filled-out on the fingerprint hard card.
- Complete the payment process, please note some fingerprint reasons will not see a payment process screen at this point due to a pre-established direct pay account through your requesting agency.
- Print and sign the completed pre-enrollment confirmation page, which includes the barcode printed on the top right of the page.

Shipping Fingerprint Hard Card for Michigan Processing

Please ship the fully completed fingerprint hard card, along with the signed pre-enrollment confirmation page, and the RI-030 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) to the following address:

**IdentoGO
Cardscan Department – Michigan Program
340 Seven Springs Way, Suite 250
Brentwood, TN 37027**

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 and delay the licensing process.
- Applicants wishing to verify that a fingerprint card has been processed may call the toll free IdentoGO Customer Service Call Center at (866) 226-2952 and speak with a customer service representative.