



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, Bureau of Driver and Vehicle Programs, Business Licensing Section **within five days**.

(Signature of Dealer) (Title)

(Printed Name of Dealer) (Date)