



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 Telephone: (517) 241-0199  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

**CONSENT TO SERVICE OF PROCESS  
 (FOR NONRESIDENTS ONLY)**

Information provided on this form may be released to the public in accordance with the Freedom of Information Act, 1976 PA 442, as amended.

Name of Applicant (First, Middle, Last)	Type of License (Salesperson, Broker, Appraiser, Appraisal Management Co. or Personnel Agency and/or Agent)		
Street Address	City	State	Zip Code
Type of Application (check one)  <input type="checkbox"/> Individual <input type="checkbox"/> Organization (corporation, limited liability company, partnership, etc.)	If Applicant is an Organization, Name the State in which you are organized.		

**KNOW ALL PERSONS BY THESE PRESENTS:**

For the purpose of complying with the laws of the State of Michigan, the undersigned irrevocably appoints the Director of the Licensing Division, Bureau of Professional Licensing in the Michigan Department of Licensing and Regulatory Affairs or his/her successor in office, to be his/her/its attorney to receive service of any lawful process in any non-criminal suit, action, or proceeding against him/her/it, or his/her/its successor, executor, or administrator, which may arise under the Occupational Code (being Act number 299 of the Public Acts of 1980, as amended) or any rule or order thereunder after the filing hereof. The undersigned does hereby consent that any such action, or proceeding against him/her/it may be commenced in any court of competent jurisdiction and proper venue within the State of Michigan by service of process upon said Director with the same force and validity as if served upon the undersigned by service personally on its president or other chief officer, if a corporation, or on one of its partners, if a partnership, or on one of its members, if a limited liability company, or on the individual, if an individual.

Signed in the City of \_\_\_\_\_, State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Signed \_\_\_\_\_  
 Name of Applicant

By \_\_\_\_\_  
 If an Organization

Title \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

**If a Corporation, execute and attach a resolution authorizing Consent to Service of Process.**