



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

The following materials are included in this Michigan Automobile Dealer Application packet:

1. Instruction Booklet.
2. Uniform Vehicle Dealer Surety Bond form.
3. Zoning Approval Form signed within 90 days of receipt of application by the zoning authority.
4. Municipality Approval Form signed within 90 days of receipt of application by the municipal authority.
5. Dealer Selection for Designated Branch Offices.
6. Original Vehicle Dealer License Application.
7. Servicing Repair Facility Agreement (Used if you do not have your own repair facility)
8. Application for a Michigan Repair Facility Registration (Used if you want your own Repair Facility)
9. Livescan Fingerprint Background Check Request (RI-030).
10. Original Vehicle Dealer Application Requirements Chart for each class of dealer.

All applicants requesting an original used or second-hand vehicle license (Class B) must have attended pre-licensing dealer training within a 6-month period prior to the application date. The dealer training schedule can be found on our website at www.Michigan.gov/DealerTraining.

Please read the instruction booklet carefully. Not all classifications are compatible. Select the classification(s), which apply to your intended business operation. A pre-license inspection of the business location will be conducted prior to a license being issued for all Class A, B and W applications. The business address must meet the established place of business requirements (see item 10 of the instruction booklet).

Please complete the application and related materials carefully and mail them with all required documents and fees to: Michigan Department of State, Business Licensing Section, Lansing, MI 48918. Before mailing your application, please review the checklist on page 5 of the application. This application can also be submitted online for faster processing.

Dealer applications are complex documents and can take up to 30 days to process. A failure to submit all documents will delay processing. Contact us via email at licensing@michigan.gov if you have any questions regarding the application process. Please be aware that all applications are subject to review and investigation.

Sincerely,

Business Licensing Section

READ THIS FIRST!

ORIGINAL VEHICLE DEALER LICENSE APPLICATION

INSTRUCTION BOOKLET

CONTACT US:

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

**Telephone: (888) SOS – MICH
(888) 767 – 6424**

E-Mail: licensing@michigan.gov

INSTRUCTION BOOKLET

ORIGINAL VEHICLE DEALER LICENSE APPLICATION

This dealer application packet contains: the dealer license application, a surety bond form, a zoning approval form, municipality approval form, a repair facility registration application, and a repair facility agreement form. For additional copies, contact the Business Licensing Section at 1-888-SOS-MICH (1-888-767-6424) or licensing@michigan.gov.

Please note: A pre-license inspection of the business location will be conducted prior to a license being issued. The business address must meet the established place of business requirements set forth in Section 14 of the Michigan Vehicle Code [MCL 257.14].

TRAINING REQUIREMENT FOR CLASS B APPLICANTS

Effective March 20, 2019, PA 420 of 2018 mandates that in the 6 month period preceding the date of the application for an original eligible used vehicle dealer license, each individual who is the applicant, each partner of the applicant, or each officer of the applicant, as applicable for the original eligible used vehicle dealer license must complete the prelicensure dealer training program. The training dates can be found on our website at www.Michigan.gov/dealertraining.

FINGERPRINTS

Each individual listed in Item 8 on the application must be fingerprinted.

NOTICE: 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, you must go to the IdentoGO website for Michigan and choose the appropriate link. Use the link below to go to this page.

[IdentoGO Michigan Fingerprinting & Enrollment Services](#)

Contact the Business Licensing Section to get a Live Scan Fingerprint form. 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.

SALES TAX NUMBER

Most Michigan businesses are required to have a sales tax number. To see if the license classification(s) you are applying for requires a sales tax license, please contact the Michigan Department of Treasury at: Michigan Department of Treasury, Registration Division, Lansing, MI 48922 or call (517) 636-4660.

SURETY BOND (Classes A, B, and D only)

NOTICE: The surety bond must be completed correctly or a dealer license cannot be issued. Please carefully follow the instructions on the back of the Uniform Vehicle Dealer Surety Bond form.

The **exact** business name and address of the dealership must appear on the face of the bond as it appears on the dealer license application form.

Individual owners and partners **must** be listed in addition to the business name and address (i.e. John Doe dba John's Used Cars, or John Doe and Sally Doe dba John's Used Cars).

Corporate officers, etc., do not need to be listed for a corporation, and members do not need to be listed for a limited liability company. **Only** the corporate name or the name of the limited liability company (including d/b/a or assumed name, if any) and the business address need to appear on the bond.

The **bond number** must appear on the face of the bond. The **surety's name** must be listed on the face of the bond.

Signatures are required for:

- Attorney-in-Fact for the Surety
- Witness to the Attorney-in-Fact for the Surety
- Licensed Insurance Agent (Agent licensed to sell insurance in Michigan)
- Principal (dealer license applicant)
- Witness to Principal.

A **power of attorney** for the Attorney-in-Fact must accompany the bond OR must be on file with the Michigan Department of State, Business Licensing Section, Lansing, MI 48918-1210. The **original** bond must be submitted to the State of Michigan. A photocopy or fax copy is unacceptable, and a dealer license will not be issued.

ZONING & MUNICIPALITY

Approval for applicable zoning and municipal requirements must be obtained for the established place of business for all vehicle dealer license classifications. All forms submitted must be signed within 90 days of receipt of the dealer license application.

The enclosed zoning and municipal approval forms must be completed by the local zoning/municipality authority. In Detroit, contact the Department of Buildings and Safety Engineering, Zoning Division, 4th floor, City-County Building. Only forms with the city seal will be accepted from Detroit.

The item numbers below match the item numbers on the application.

1. BUSINESS NAME

Enter the exact name of the business. The name must match the business name on all documents presented with the application; including but not limited to: the surety bond, the insurance certificate, the assumed name filing, the articles of incorporation, etc.

2. BUSINESS LOCATION

Enter the **complete** business address. A Rural Route or Post Office Box alone will not be accepted. The physical location must be identified. The address must match the address on all documents presented with the application (see document list in Item 1 above).

3. BUSINESS TELEPHONE & E-MAIL ADDRESS

List the area code and telephone number of your business, your fax number (if applicable) and the business e-mail address. **Please note a business e-mail address is required for a dealer license.**

4. BUSINESS TYPE

Check the appropriate box, and follow the instructions below:

Individual Owner or Partnership: Enclose a copy of the Assumed Name Filing from the County Clerk for the county in which the business is located.

Corporation or Limited Liability Company: Enclose a copy of the articles of incorporation, articles of organization, or certificate of good standing from the Michigan Department of Consumer and Industry Services. Businesses formed in other states must obtain a certificate of authority from the Corporations Division of Licensing and Regulatory Affairs (LARA). If you are using an assumed name, please ensure to file an assumed name filing with Licensing and Regulatory Affairs.

Note: Unincorporated trusts cannot be licensed as a dealer in Michigan. Only the business types listed may be issued a dealer license.

5. LICENSE CLASSIFICATIONS

Indicate the license classification(s) for which you are applying.

A dealer license may be issued in one or more classifications (classes), depending on the business activity performed.

The Michigan Vehicle Code has different requirements for each class of dealer. The following descriptions explain what each class of dealer is permitted to do, and which classes are compatible.

Class A (New Vehicle Dealer)

Allows dealer to buy and sell new vehicles under a franchise agreement or bonafide contract with a new vehicle manufacturer.

Class A is compatible with B, C or R, and E classes.

Class B (Used or Secondhand Vehicle Dealer)

Allows dealer to buy and sell used vehicles to and from the general public and other licensed vehicle dealers.

Class B is compatible with A, C or R, and E.

Class C (Used Vehicle Parts Dealer) and Class R (Automotive Recycler)

Allows dealer to buy or otherwise acquire late model major component parts for resale, either at wholesale or at retail, and/or acquire vehicles to dismantle for the resale of their parts, selling the remains as scrap. These are the only classes which can legally buy late model distressed vehicles (salvage or scrap vehicles), or late model major component parts from insurance companies, or through auctions, brokers, or salvage pools in Michigan.

Note: A Class C or Class R dealer may only be represented at an auction, broker, or salvage pool by its own **Licensed Salvage Vehicle Agent**. Contact the Business Licensing Section to obtain a Salvage Vehicle Agent application.

Class C and Class R are compatible with A, B, and E; or E and F.

Class C and Class R are NOT COMPATIBLE with one another, or with Class D or Class G.

Class D (Broker)

Allows dealer to "broker" the sale of vehicles or late model major component (salvageable) parts by arranging (or offering to arrange) for the sale of the vehicles or parts between two parties. A broker **may not** take ownership of the vehicles or major component parts. Examples of brokers are new car brokers, vehicle sales listing agencies, consignment lots, flea markets, auctions, and salvage pools.

Brokers cannot buy vehicles at auctions.

Class D is compatible with a Class G.

Class E (Distressed Vehicle Transporter)

The dealer may: 1) buy or acquire ownership of, 2) transport, and 3) sell scrapped or junked vehicles only. Vehicles may be sold at wholesale only to:

1. Used Vehicle Parts Dealers (Class C); or
2. Scrap Metal Processors (Class F); or
3. Automotive Recyclers (Class R).

This dealer may NOT dismantle vehicles or sell parts.

Note: A vehicle "crusher" is one type of distressed vehicle transporter.

Class E is compatible with A, B, and/or C; or C and/or F; or A, B, and/or R; or R and/or F.

Class F (Vehicle Scrap Metal Processor)

Allows dealer process vehicles into scrap metal by shearing, fragmenting, baling, shredding, etc. Crushing vehicles is not considered a scrap metal process since it is not the final step before remelting.

A scrap metal processor who acquires vehicles only from licensed dealers is not required to be licensed but must keep certain records and make them available for inspection.

Class F is compatible with C and/or E; or E and/or R.

Class G (Vehicle Salvage Pool)

The dealer engages in the business of storing and displaying damaged or distressed vehicles for insurance companies.

Class G is compatible only with Class D.

Class W (Wholesaler)

The dealer engages in the business of selling used vehicles to or purchasing used vehicles from another licensed motor vehicle dealer and who does not sell or offer for sale motor vehicles of any classification to a person other than a licensed vehicle dealer.

A wholesaler shall not advertise vehicles for sale on the internet or any classified listing unless the advertisement clearly discloses the wholesaler's license classification and clearly states that any purchaser shall be a licensed vehicle dealer.

A wholesaler shall buy or sell not less than 24 vehicles in this state each year to retain possession of a wholesaler license.

Class W is compatible with a used or secondhand vehicle parts dealer (C) or automotive recycler (R).

6. CONTRACT OR FRANCHISE AGREEMENT (Class A only)

List the makes of new vehicles for which you have franchises or agreements to sell.

Enclose a copy of franchise agreement, letter of intent, or a self-certification that you hold a bonafide contract to act as a factory representative, factory distributor, or distributor representative to sell at retail the make(s) of vehicle(s) to be sold. Ensure these documents include the name and address of the manufacturer and the dealer; as well as a signature from the manufacturer or distributor.

NOTE: Conversion companies are manufacturers.

If you have questions about the agreement you have, contact the Business Licensing Section at 888-767-6424 or licensing@michigan.gov.

7. BUSINESS DAYS AND HOURS

List the specific days and hours the business will be open. Class A and Class B dealers are required to maintain a minimum of 30 business hours per week.

All other classifications of dealers must maintain a minimum of 4 consecutive business hours per week.

If you change your business hours, you must notify the Business Licensing Section in writing by e-mail at licensing@michigan.gov.

8. OWNERS, PARTNERS, CORPORATE OFFICERS, DIRECTORS

List the full name, home address, date of birth, social security number, date of prelicensure training for all owners, partners, corporate officers, members and directors. (The prelicensure training applies to Class B dealers only)

For corporations, “owners” also includes any stockholder holding 10% or more of the stock issued.

Limited Liability Companies must include information for all managers.

If the owner, partner or manager listed on the application form is itself a corporation, partnership or limited liability company, the individuals who are the owners, partners, corporate officers, directors, managers, or stockholders or members holding 10% or more of the stock issued for the company listed in Item 8 must be disclosed. Use a separate sheet to provide the full name, home address, home telephone and birthdate for each individual.

Each individual listed in Item 8 must have fingerprints on file with this department. Individuals disclosed under a corporation, partnership or limited liability company listed as a licensee who will have direct impact on the operation of the business must also have fingerprints on file. Please refer to the instructions for completing fingerprint cards for more details.

9. SERVICING FACILITY REQUIREMENT (Classes A and B only)

New and used vehicle dealers are required to provide proper servicing facilities. The servicing facility must be located within 10 miles of the dealership’s established place of business. **This requirement applies even**

if vehicles are sold “AS IS” or wholesale.

This requirement may be met in one of two ways:

1. Register as a motor vehicle repair facility. A Motor Vehicle Repair Facility Registration Application is enclosed. It is not necessary to register again if the business is currently registered and the ownership has not changed.
2. Enter into an agreement with a currently registered motor vehicle repair facility.

An agreement form is enclosed. Make sure the agreement shows the repair facility registration number and the repair facility **owner’s** signature.

10. BUSINESS LOCATION DESCRIPTION

Check the appropriate boxes.

A dealer’s established place of business must meet all applicable zoning and municipal requirements.

For a Class A and Class B dealer, an established place of business must include the following:

- The premises must contain a permanently enclosed building or structure either owned, leased, or rented by a dealer, which is not a residence, tent, temporary stand, or any temporary quarters;
- The building or structure is required to be continuously occupied in good faith for the purpose of selling, buying, trading, leasing, or otherwise dealing in motor vehicles;
- All books, records, and files necessary to conduct the business of a Class A or class B dealer must be maintained in the building or structure;
- A building or structure housing an office of at least 150 square feet in size, equipped with standard office furniture, working utilities, a working restroom, and a working telephone listed in the name of the business on the dealer's license;
- Land space of no less than 1,300 square feet to accommodate the display of a minimum of 10 vehicles of the kind and type that the dealer is licensed to sell and an additional 650 square feet for customer parking. The display and

customer parking areas must be adequately surfaced and well lit during business hours;

- An exterior sign displaying the name of the dealership that is permanently affixed to the building or land with letters clearly visible from a highway identifies the premises;
- Conspicuous posting of the dealer's regular hours of operation. The posted hours must be not less than 30 hours per week;
- The premises must contain a registered repair facility on site for the repair and servicing of motor vehicles of a type sold at the established place of business, unless the dealer has entered into a written servicing agreement with a registered repair facility at a location not to exceed 10 miles' distance from the established place of business. If repairs are conducted pursuant to a servicing agreement, the servicing agreement must be conspicuously posted in the office;

A dealer may not combine space and resources with another dealer to meet the minimum established place of business requirements for a new or used vehicle dealer. Each licensed new or used dealer must meet the established place of business requirements separately.

For a Class W dealer, an established place of business must include the following:

- The premises shall contain a permanently enclosed building or structure that is either owned, leased, or rented by a wholesaler, which is not a commercial mailbox, tent, temporary stand, or other temporary quarters.
- All books, records, and files necessary to conduct the business of the wholesaler shall be maintained in the building or structure described in the above paragraph.
- The premises shall not be used for the display of vehicles. However, the premises may be used for the storage of vehicles purchased by the wholesaler prior to sale to a licensed vehicle dealer.
- The premises shall be identified by an exterior sign displaying the name of the wholesaler that is permanently affixed to the building or land with letters clearly visible from the roadway.

For other dealer classes an established place of business means the place actually occupied either continuously or at regular periods where books and records are kept and a large share of business is transacted.

Estimate the greatest number of vehicles you will have in inventory at one

time.

11. **DEALER PLATES AND FLEET INSURANCE** (Class A, B, W only)

You must have 20/40/10 fleet-type Michigan no-fault insurance indicating coverage for “**ANY VEHICLE**” or “**ALL OWNED VEHICLES.**”

Enclose a copy of your fleet insurance certificate. Your insurance certificate must have the exact business name as listed in Item 1. **If the insurance certificate does not indicate ANY VEHICLE or ALL OWNED VEHICLES, the application cannot be processed.**

Class A and Class B dealers are required by law to purchase a minimum of two dealer plates.

There is no minimum dealer plate purchase requirement for a Class W dealer. Please note that Department Policy only allows the issuance of one dealer plate for the first year of business for all Class W dealers. Class Ws may apply for additional plates after one year.

Class A and Class B dealers may apply for additional plates according to the following formula:

One plate for each five vehicles carried in highest inventory, up to and including 400 vehicles. ONE plate for each seven vehicles in excess of 400, up to a maximum of 100 plates.

Class W dealers may apply for any additional dealer plate(s) according to the following formula. Class W's must submit proof of inventory:

One plate for each five vehicles carried in highest inventory, up to and including 40 vehicles. One plate for each 10 vehicles in excess of 40, up to a maximum of 40 plates.

12. **FEES**

Calculate the fees based on the information provided on the application form. Make check or money order payable to **State of Michigan.**

13. **WORKERS' COMPENSATION INSURANCE** (Classes C and R only)

The Michigan Vehicle Code requires used or secondhand vehicle parts

dealers and automotive recyclers to provide evidence of workers' compensation insurance for employees classified as automobile dismantlers.

To determine your eligibility for a form WC-337, contact the Department of Insurance and Financial Services at 517-284-8922.

14. APPLICANT HISTORY

Complete for each applicant listed in Item 8 following the instructions provided on the application form. Use separate sheets as necessary.

- A. Check the appropriate box. List the name of any applicant who has had a vehicle dealer license refused or revoked. Provide a detailed explanation.
- B. Check the appropriate box. List the name of any applicant who is related by birth or marriage to any dealer. List the name of any applicant who is or was employed by, or is or was an agent for, any dealer within the past five (5) years. List the name of the dealer and, if known, the dealer license number.
- C. Check the appropriate box. If the answer is YES, include a detailed explanation, including the alleged offense, the police department, the court of jurisdiction and, if known, the case number. Do not include traffic offenses.
- D. Each applicant must complete a work history for the past five (5) years.

15. SIGNATURES AND CERTIFICATIONS

Each applicant listed in Item 8 must sign the certifications.

This application is a legal document. **Please read each certification before signing.** Providing false information is a felony.

UNIFORM VEHICLE DEALER SURETY BOND

PLEASE READ INSTRUCTIONS ON REVERSE SIDE OF THIS SHEET BEFORE EXECUTING BOND

KNOW ALL MEN BY THESE PRESENTS, that

BOND NUMBER

As principal, whose place(s) of business is/are located at the address(es) set forth above, and

_____ as surety are held and firmly bound unto any purchaser, seller, financing agency, or governmental agency for any monetary loss cause through fraud, cheating or misrepresentation in the conduct of the vehicle business by the named principal, or by an employee, agent, or salesperson of the principal, in the total penal sum of Twenty Five Thousand and NO/100 Dollars (\$25,000), lawful money of the United States of America, for which sum well and truly to be paid, said principal and surety bind themselves, their heirs, executors, administrators, and assigns, jointly and severally and each of them. The surety shall make indemnification or reimbursement for a monetary loss only after a judgment based on fraud, cheating, or misrepresentation is entered in a court of record against the principal or a final order that the principal has engaged in fraud, cheating, or misrepresentation is issued by the secretary of state after an administrative hearing.

The bond shall also indemnify or reimburse the state for any sales tax deficiency as provided in the general sales tax act, 1933 PA 167, MCL 205.51 to 205.78, or use tax deficiency as provided in the use tax act, 1937 PA 94, MCL 205.91 to 205.111, for the year in which the bond is in force. The surety shall make indemnification or reimbursement only after a final judgment is entered in a court of record against the principal or a final order is issued by the secretary of state after an administrative hearing.

WHEREAS, the principal is applying to the Secretary of State of Michigan to be licensed as a dealer in vehicles under Section 248 of Act 300, P.A. of 1949, as amended.

AND WHEREAS, the principal is required by Section 248 of Act 300, P.A. of 1949, as amended, to submit properly executed surety bond, conditioned as set forth herein, with said application for vehicle dealer license.

NOW THEREFORE, the condition of this obligation is such that the principal and surety shall indemnify or reimburse any party conditioned herein.

It is further understood and agreed that coverage is provided and extended without notification to the surety for any change of officers, if the principal is a corporation; for any additional locations or changes of address within the county for which the license is issued; or for any substitution of business name wherein ownership is not changed.

Provided further, that the aggregate liability of the surety for all such judgments shall, in no event, exceed the sum of the bond.

Coverage hereunder shall be effective as of 12:01 a.m. on _____ and shall remain in effect continuously, provided, however, that the said surety may cancel the bond upon giving thirty days notice in writing to the Secretary of State and thereafter shall be relieved of liability for any breach of condition occurring after the effective date of the cancellation.

Signed, sealed and dated this _____ day of _____, _____.

(Important: ALL Signatures Are Required)

Signature of Witness to Principal

Print or Type Name of Witness to Principal

Signature of Witness to Attorney-in-Fact

Print or Type Name of Witness to Attorney-in-Fact

Signature of Licensed Insurance Agent

Print or Type Name of Licensed Insurance Agent

Signature of Dealer Principal or Authorized Agent of Principal

Print or type Name and Title of Person Signing for Principal

Name of Surety Company

Signature of Attorney-in-Fact

Print or Type Name of Attorney-in-Fact

NOTICE: Vehicle Dealer License Applicant, Surety Bonding Companies and Agents –

THIS BOND MUST BE CORRECTLY COMPLETED OR A DEALER LICENSE CANNOT BE ISSUED.

DEALER: DOUBLE CHECK these points!

Follow the instructions and avoid unnecessary delay and expense.

- The **EXACT** business name and address of the dealership must appear on the face of the bond as it appears on the dealer license application.
- Individual owners and partners **MUST** be listed in addition to the business name and address.
- Corporate officers, etc. do not need to be listed for a corporation. **ONLY** the corporate name (d/b/a assumed name, any) and the address need to appear.
- **BOND NUMBER** must be on the face of the bond.
- Name of Surety must be listed.
- **SIGNATURES ARE REQUIRED** for:
 - Attorney-in-Fact for the Surety
 - Witness to the Attorney-in-Fact for the Surety
 - Licensed Insurance Agent (Agent licensed to sell insurance in Michigan)
 - Principal (dealer license applicant)
 - Witness to Principal
- A power of attorney for the Attorney-in-Fact **MUST** accompany the bond **OR** must **BE ON FILE** with the Michigan Department of State, Business Licensing Section, Lansing, MI 48918.

Remember, if the bond is not correctly completed, a dealer license cannot be issued.

UNIFORM VEHICLE DEALER SURETY BOND INSTRUCTIONS

1. Every applicant for a vehicle dealer license must file with such application an executed surety bond in the amount of Twenty Five Thousand and NO/100 Dollars (\$25,000.00). (Class "C", "E", "F", "G", "R", and "W" Dealers exempt.)
2. The Department of State has prescribed a standard form of bond for vehicle dealers which is set forth on the reverse side hereof. This bond must be executed by the principal and surety and filed with the Department of State at the time of filing application for vehicle dealer license.
3. This bond must be executed by the principal (dealer) and surety company and filed with the Department of State at the time of filing application for vehicle dealer license. Application for dealer license will not be acted upon until the application, bond and all other required documents are filed, and the appropriate fees paid to the Department of State in Lansing.
4. Each licensee, whether an individual, corporation, or partnership, must be named in the bond as principal. In the case of an individual proprietorship, the individual's name, as well as the name under which business is being conducted, must be listed. In case of partnerships, each individual partner, as well as the name of the partnership itself, must be listed. In the case of corporations, the corporation itself must be shown on the bond but, the officers whose names appear on the application for license need not be listed on the bond. The location of the business must also be listed. If a licensee is doing business at more than one location within a county, all such locations must be listed.
5. This is a continuous surety bond, the effective date of which may be the date of execution or a later date; however, the bond must be effective at the date of filing of application for a vehicle dealer license even though the license may not be issued until a subsequent date.
6. The bond must be executed by a surety company authorized to do business in Michigan. Every bond must be executed by an agent of the company licensed to do business in Michigan.
7. The attorney-in-fact who signs for the surety company must be authorized by the company. A certified copy of the appointment as attorney-in-fact must be attached to the surety bond, or a continuing copy of the appointment as attorney-in-fact must be on file with the Department.
8. The affidavit of the power of attorney must be executed on the same date as the bond, or after the date of the bond, but not before.
9. A dealer is only authorized to conduct business if a \$25,000 bond is in effect. Therefore, if the surety company pays any claim under this bond, it will have the effect of reducing the bond coverage afforded to the dealer by the amount of the claim that is paid. If this occurs, the dealer will no longer be covered by the full, required amount of \$25,000. Surety companies are requested to notify the Department of State of the payment of any claims under this bond.

9/2022

Michigan Department of State
DEALER ZONING

Name of Dealership: _____

Dealership Address: _____
(street) (city) (zip)

Dealer License Number (if applicable): _____

- Class A - New Vehicle Dealer
- Class B - Used Vehicle Dealer
- Class C - Used Vehicle Parts Dealer
- Class D - Broker
- Class E - Distressed Vehicle Transporter
- Class F - Vehicle Scrap Metal Processor
- Class G - Vehicle Salvage Pool
- Class R - Automotive Recycler
- Class W - Automotive Wholesaler

Zoning Authority: _____

The license(s) being applied for (checked above) would permit **all business activities** described in the attached *Dealer Activities by Dealer Class Type* form.

Please check the appropriate category below, complete the signature portion of this form, and return this completed form to the applicant.

If you have any questions or concerns, contact the Michigan Department of State, Business Licensing Section at Licensing@michigan.gov or 888-767-624.

- Location is **APPROVED** for dealer classification(s) checked above.
- Location is **DISAPPROVED** because it is not properly zoned.
- Location is **APPROVED** because there is NO zoning ordinance in effect.

_____ ()
Signature of Zoning Authority Date Telephone Number

_____ Jurisdiction (City, Township, etc.)

Michigan Department of State
DEALER MUNICIPALITY APPROVAL

Name of Dealership: _____

Dealership Address: _____
(street) (city) (zip)

Dealer License Number (if applicable): _____

- Class A - New Vehicle Dealer
- Class B - Used Vehicle Dealer
- Class C - Used Vehicle Parts Dealer
- Class D - Broker
- Class E - Distressed Vehicle Transporter
- Class F - Vehicle Scrap Metal Processor
- Class G - Vehicle Salvage Pool
- Class R - Automotive Recycler
- Class W - Automotive Wholesaler

Municipal Authority:

The license(s) being applied for (checked above) would permit **all business activities** described in the attached *Dealer Activities by Dealer Class Type* form.

Please check the appropriate category below, complete the signature portion of this form, and return this completed form to the applicant. If you have any questions or concerns, contact the Michigan Department of State, Business Licensing Section, at Licensing@michigan.gov or 888-767-6424.

Municipality requirements may include local building code requirements, land use requirements, sign ordinances, local licensure, etc.

Location **MEETS** all the municipal requirements for dealer classification(s) checked above.

Location **DOES NOT MEET** all the municipal requirements for dealer classification(s) checked above. **Please list the reason(s).**

There are **NO MUNICIPAL REQUIREMENTS** in this jurisdiction for the dealer classification(s) checked above.

Signature of Municipal Authority Date () Telephone Number

Printed Name of Municipal Authority Jurisdiction (City, Township, etc.)

ORIGINAL VEHICLE DEALER LICENSE APPLICATION

READ THE INSTRUCTION BOOKLET BEFORE COMPLETING THIS FORM

1. **BUSINESS NAME** (Include any assumed names or corporation names)

2. **BUSINESS LOCATION** - NOTE: RR or PO Box numbers alone will not be accepted. The actual location must be identified.
(Street) (City) (County) (Zip)

3. **BUSINESS CONTACT INFORMATION (Telephone and e-mail address are required for licensure)**

Telephone () Fax () E-mail Address:

4. **BUSINESS TYPE** (Check only one)

- Individual Owner (one person or husband and wife)
- Partnership (two or more persons or husband and wife)
- Corporation
- Limited Liability Company

5. **LICENSE CLASSIFICATIONS** (Check appropriate box or boxes)

- CLASS A - New Vehicle Dealer
- CLASS B - Used Vehicle Dealer*
- CLASS C - Used Vehicle Parts Dealer
- CLASS D - Broker (Not compatible with Classes A or B)
- CLASS E - Distressed Vehicle Transporter
- CLASS F - Vehicle Scrap Metal Processor
- CLASS G - Vehicle Salvage Pool
- CLASS R - Automotive Recycler
- CLASS W - Wholesaler

*(Requires Prelicensure Training)

6. **FRANCHISE AGREEMENT OR BONAFIDE CONTRACT** (Class A only)

7. **BUSINESS DAYS AND HOURS** (Class A & B dealers require a minimum of 30 hours per week with 15 hours between 8am-5pm, M-F; Class W dealers require at least 15 hours per week between 8am-5pm, M-F; all other classes require 15 hours per week with 5 hours between 8am-5pm, M-F)

8. **OWNERS, PARTNERS, CORPORATE OFFICERS, AND DIRECTORS (attach a separate sheet if necessary)**

FULL NAME HOME ADDRESS (Street) CITY/STATE/ZIP DATE OF BIRTH

SOCIAL SECURITY NUMBER DATE OF PRELICENSURE TRAINING (REQUIRED FOR CLASS B DEALERS ONLY)

FULL NAME HOME ADDRESS (Street) CITY/STATE/ZIP DATE OF BIRTH

SOCIAL SECURITY NUMBER DATE OF PRELICENSURE TRAINING (REQUIRED FOR CLASS B DEALERS ONLY)

FULL NAME HOME ADDRESS (Street) CITY/STATE/ZIP DATE OF BIRTH

SOCIAL SECURITY NUMBER DATE OF PRELICENSURE TRAINING (REQUIRED FOR CLASS B DEALERS ONLY)

FULL NAME HOME ADDRESS (Street) CITY/STATE/ZIP DATE OF BIRTH

SOCIAL SECURITY NUMBER DATE OF PRELICENSURE TRAINING (REQUIRED FOR CLASS B DEALERS ONLY)

9. **SERVICING FACILITY REQUIREMENT** (Class A and B only)

- A completed Motor Vehicle Repair Facility Registration Application is enclosed.
- This business is currently a registered repair facility. REGISTRATION NUMBER: _____.
- This business has an agreement with a registered repair facility, a copy of which is enclosed. The servicing facility must be located within 10 miles of the dealership's established place of business.

10. **BUSINESS LOCATION DESCRIPTION**

If YES, give dealer number and name:

Is this business location presently occupied by another licensed vehicle dealer?

- NO YES

11. **DEALER PLATES AND FLEET INSURANCE** (Classes A and B only)

Greatest number of vehicles you expect to have on hand at one time:

Number of REGULAR DEALER PLATES requested: _____

Number of MOTORCYCLE DEALER PLATES requested: _____

Total number of all DEALER PLATES requested: _____

Attach a copy of your fleet insurance certificate. See Instruction Booklet, Item 11

12. **FEES**

A. License fee - All classes \$ 160 _____

B. Dealer plate fees \$ _____
Only Classes A and B qualify for plates and must purchase a minimum of 2 plates. \$10.00 for each plate

C. TOTAL FEES (A plus B) \$ _____

LICENSE / APPLICATION FEES ARE NON-REFUNDABLE

13. **WORKERS' COMPENSATION INSURANCE** (Class C and R only)

Check the appropriate box:

INDIVIDUAL OWNERSHIP:

I/we are not required to have workers' compensation insurance

PARTNERSHIP, CORPORATION OR LLC:

Attached is form WC-337, Notice of Exclusion.

(To determine your eligibility for a form WC-337, contact the Department of Insurance and Financial Services at 517- 284-8922)

Attached is a copy of a workers' compensation insurance certificate

14. APPLICANT HISTORY

A. Have any of the applicants listed in Item 8 been refused the issuance of a vehicle dealer, vehicle wholesaler, salvage dealer, salvage vehicle agent, or broker license or had a vehicle dealer, vehicle wholesaler, salvage dealer, salvage vehicle agent, or broker license revoked or suspended in Michigan or any other state?

NO YES If YES, give the name(s) of the applicant(s) involved and complete details on a separate sheet.

B. Is any applicant listed in Item 8 related by birth or marriage to any currently or previously licensed Michigan vehicle dealer, vehicle wholesaler, broker, or salvage vehicle agent or was any applicant listed in Item 8 employed by or an agent for any dealer in Michigan or any other state within the past 5 years?

NO YES If YES, give the name(s) of the applicant(s) and complete details on a separate sheet. Include dealer license number(s), if known.

C. Have any of the applicants listed in Item 8 been arrested or convicted of a crime other than traffic violations within the past ten years?

NO YES If YES, give the name(s) of the applicant(s) and complete details on a separate sheet. Include the arresting police agency, court of jurisdiction, and case number, if known.

D. For each applicant listed in Item 8, list names, addresses, and telephone numbers of employers **for the past 5 years** other than the dealers listed above. Also, include the job title and dates of employment for each applicant. If an applicant was self-employed, list names and addresses of businesses and type of business. If unemployed, list name, "UNEMPLOYED", and dates of unemployment. Use a separate sheet, if necessary.

APPLICANT #1:		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO
APPLICANT #2:		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO
APPLICANT #3:		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO
APPLICANT #4:		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO

15. SIGNATURES AND CERTIFICATIONS (Each applicant listed for Item 8 must sign)

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 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 within the 6 months period preceding the date of the application, the applicant, the partners of the applicant, or the principal officers of the applicant, as applicable, completed the preclicensure dealer training program as required by MCL 257.248I(2).

I/we hereby certify that each retail sales location will have a designated employee that has completed the dealer training program required under section MCL 257.248I(3) or (5) as applicable within 90 days of the license issuance. A single individual may not be the designated individual for more than 3 locations.

I/we hereby certify that the business named in this application maintains, and will maintain once a license is issued, an established place of business as required by MCL 257.14.

I/we hereby certify that the business named in this application will maintain records only at the established place of business and will provide the records for inspection upon request by an agent of the Secretary of State or law enforcement.

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 regards 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 authorize the Secretary of State to receive and review the criminal history of the individuals listed in item 8 from the Michigan State Police and the FBI via Livescan.

I/we stipulate and agree that any legal process affecting this business served on the Secretary of State or his/her agents shall have the same effect as if personally served on me/us. I/we agree that this appointment shall remain in force as long as any liability of this business remains outstanding within the State of Michigan.

If granted a Class A or Class B or Class W vehicle dealer license, I/we certify that I/we have and will maintain security for payment of benefits under personal protection insurance, property protection insurance, and residual liability insurance as required by Public Act 294 of 1972 (no-fault insurance) for as long as this license is in effect.

If granted a Class A, Class B, or Class D vehicle dealer license, I/we certify that I/we have and shall maintain a surety bond in the amount of \$25,000 (twenty-five thousand dollars) for as long as this license is in effect.

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. Signatures are required below.

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

APPLICATION CHECKLIST:

Be sure to include the following items, if applicable:

- A completed zoning approval form for all license classifications being applied for signed within 90 days of receipt of application by the zoning authority.
- A completed municipality approval form for all license classifications being applied for signed within 90 days of receipt of application by the municipality authority.
- A completed Dealer Selection for Designated Branches Form for Class A and Class B dealer applicants.
- A copy of the business creation document or assumed name filing as specified in Item 4 of the instruction booklet.
- One copy of the signed Livescan Fingerprint Background Check Request (RI-030) for each applicant listed in section 8.
- Franchise agreement(s) for Class A dealers.
- A certificate of insurance for workers' compensation insurance or a notice of exclusion form (Class C and Class R dealers only).
- A repair facility registration application or an agreement with a registered repair facility for Class A and Class B dealer applicants.
- A certificate of insurance for fleet-type Michigan no-fault insurance for any or all owned vehicles for dealer Classes A and B. Class W dealer applicants need to submit only if requesting a plate.
- A check or money order payable to STATE OF MICHIGAN for the license and plate fees.
- An original copy of a dealer surety bond for Class A, Class B, and Class D dealer applicants. Instructions for completing the bond are located on the back of the bond form.

PLEASE NOTE:

Not submitting the required checklist items or submitting an incomplete application will delay the processing of your dealer license application.

Please allow 30 days from receipt of completed application for processing.

Michigan Department of State Dealer Activities by Dealer Class Type

Note: Class A and B dealers **must** adhere to established place of business requirements as defined in section 14 of the Michigan Vehicle Code, (MVC) [MCL 257.14].

Class A (New Vehicle Dealer) - This dealer buys, displays, and sells new vehicles under a franchise agreement or a contract with a new vehicle manufacturer.

Class B (Used Vehicle Dealer) - This dealer buys, displays, and sells used vehicles.

Class C (Used Vehicle Parts Dealer) and Class R (Automotive Recycler) - These dealers buy or otherwise acquire late model major component parts for resale, either at wholesale or at retail, and/or acquire vehicles to dismantle for the resale of their parts, selling the remains as scrap. These are the only classes which can legally buy late model distressed vehicles (salvage or scrap vehicles) or late model major component parts from insurance companies, or through auctions, brokers, or salvage pools in Michigan.

Class D (Broker) - This dealer "brokers" the sale of vehicles or late model major component (salvageable) parts by arranging (or offering to arrange) for the sale of the vehicles or parts between two parties. A broker **may not** take ownership of the vehicles or major component parts.

Class E (Distressed Vehicle Transporter) - This dealer may: 1) buy or acquire ownership of, 2) transport, and 3) sell scrapped or junked vehicles only. Vehicles may be sold at wholesale only to:

1. Used Vehicle Parts Dealers (Class C); or
2. Scrap Metal Processors (Class F); or
3. Automotive Recyclers (Class R).

This dealer class may **NOT** dismantle vehicles or sell parts. (Note: A vehicle "crusher" is one type of distressed vehicle transporter.)

Class F (Vehicle Scrap Metal Processor) - This dealer processes vehicles into scrap metal by shearing, fragmenting, baling, shredding, etc. (Crushing vehicles is not considered a scrap metal process since it is not the final step before remelting.)

A scrap metal processor who acquires vehicles only from licensed dealers is not required to be licensed but must keep certain records and make them available for inspection.

Class G (Vehicle Salvage Pool) - This dealer engages in the business of storing and displaying damaged or distressed vehicles for insurance companies. Class G is compatible only with Class D.

Class W (Automotive Wholesaler) - This dealer engages in the business of buying and selling used vehicles from and to licensed vehicle dealers. A wholesaler may not buy, sell or otherwise deal in vehicles to a person other than a licensed vehicle dealer.

Dealer Selection for Designated Secretary of State (SOS) Branch Offices

(Please complete all sections of this form)

Business Name		Dealer License No.
Business Street Address		City
Business Email Address		Date
Owner/Officer's Signature X	Owner/Officer's Printed Name	Title

List below up to a maximum 3 SOS branch offices where you will submit dealer transactions.

For a list of SOS Branch Offices refer to the Dealer Manual, Appendix B.

1st SOS Branch	Branch Number	Branch Name	
	Street Address		City
2nd SOS Branch	Branch Number	Branch Name	
	Street Address		City
3rd SOS Branch	Branch Number	Branch Name	
	Street Address		City

Return to: Michigan Department of State, Business Licensing Section, Lansing, MI 48918
Or email to licensing@michigan.gov

SERVICING REPAIR FACILITY AGREEMENT

(Class A and B Dealers Only)

This agreement is for any Class A or B dealer licensees or applicants that do not have their own repair facility and must have a Servicing Repair Facility Agreement on file to be compliant with the Michigan Vehicle Code. It is the responsibility of a Dealer that does not have their own Repair Facility to maintain an agreement on file with an active, registered Repair Facility located within 10 miles of the dealership's established place of business. The Dealer or Repair Facility may cancel this agreement at any time for any reason.

I, _____, of _____,
(Owner/Partner/Officer) (Repair Facility Name)

located at _____,
(Business Address)

repair facility registration number F _____, agree to perform vehicle repairs
(Registration Number)

for _____ .
(Dealership Name) (Dealer Number)

My repair facility is currently registered with the Michigan Department of State and will remain registered as long as this agreement remains in effect.

We will inform the Michigan Department of State if this agreement is canceled.

(Signature of repair facility Owner/Partner/Officer) (Date)

(Signature of dealership Owner/Partner/Officer) (Date)

MICHIGAN DEPARTMENT OF STATE

REPAIR FACILITY ORIGINAL APPLICATION IMPORTANT INFORMATION

Before performing motor vehicle repairs for compensation, a repair facility must register with the Michigan Department of State. Business cannot be conducted until a registration number is issued. Failure to comply with this requirement is a misdemeanor and subject to administrative sanctions by the Michigan Department of State. **You must certify that you have read and understand the requirements of the [Repair Facility Manual](#) and the [Motor Vehicle Service and Repair Act](#) [Public Act 300 of 1974].** Click on the hyperlinks above to access the documents.

The following information is helpful with completing the attached Repair Facility application.

APPLY ONLINE WITH e-SERVICES – For faster service please submit your application online. All Mechanic certification information, forms, and access to e-Services can be found on the [Repair Facilities](#) web page.

ONLY ONE FACILITY AT A SINGLE ADDRESS – Only one repair facility is permitted at a single mailing address. If an active repair facility is registered at the same address of your proposed repair facility, the previous owner must submit a Repair Facility Closeout Statement (see below).

CLOSE OUT STATEMENT – A repair facility cannot occupy a location listed as the address of another, registered repair facility. The existing, registered repair facility must complete a repair facility closeout statement signed by a listed owner of the facility that is closing out. In some extreme situations it may not be possible to obtain such a signature. In that case documents such as lease agreements, statements from the property owner, property deeds combined with inspections by our investigators can be used. These are decided on a case-by-case basis.

BUSINESS NAME—Every business entity must be filed at the county (if a sole proprietorship) or Licensing and Regulatory Affairs (LARA) if a corporation, LLC, or partnership. Any assumed names must also be on file for that entity, or they cannot be used.

MECHANIC CERTIFICATION - If a repair facility performs major repairs, it must employ State of Michigan certified mechanics for the categories of major repair performed by the facility. Mechanics performing minor repairs do not require certification.

DOCUMENTS SUBMISSION –Copies of **all** forms and contracts intended to be used with the public in the operation of your facility must be submitted with this application. This includes estimates and invoices at a minimum, but may also include warranties, waivers, contracts, and other documents. Estimates and invoices are required by every facility and should be compliant. See the [Repair Facility Manual](#) for more detailed information.

GROSS ANNUAL REVENUE – This initial application requires a forward-looking estimate of anticipated gross annual revenue the repair facility expects to receive the first year. Gross annual revenue is the total amount of money received in payment for services or repairs before expenses of any kind are subtracted. It includes all parts, labor, and materials expected to be used in performing repairs, including items such as tires, oil, oil filters, windshield wiper blades, body sheet metal components, batteries, belts, etc. and labor. It also includes repairs covered by a warranty which reimburses you for parts used and/or labor. Gross annual revenue does not include revenue obtained from vehicles not required to be registered and titled such as farm tractors, off road construction equipment, snowmobiles, etc.; parts sold but not installed and fuel and lubricants sold over the counter.

The following information is important for all repair facility owners to know.

WRITTEN ESTIMATE - A repair facility must give a written estimate to the customer prior to repair work costing \$50 or more. Any additional repairs which exceed the estimated price by more than \$50 or 10% (whichever is less) must be approved by the customer before the additional work is done. This approval may be verbal.

If the customer does not want a written estimate, the facility may have the customer sign a waiver forfeiting the right to receive the written estimate prior to repairs. One copy of the signed waiver must be given to the customer.

INVOICE - Upon completion of repairs, a repair facility must give the customer an invoice itemizing all parts and labor involved in the repair of the customer's vehicle. The invoice must disclose whether parts installed were new, used, rebuilt, or reconditioned. The name and Michigan certification number of the mechanic who performed the repairs must appear on the invoice. The invoice must contain a certification stating that the repairs were completed properly and must be signed by the owner, or a person designated by the owner to represent the facility.

PARTS RETURN - Before beginning work on a customer's vehicle, a facility must inform the customer of the right to return of replaced parts. This can be done by means of a sign or by having proper wording on the face of the work order.

CONSUMER INFORMATION SIGN - A repair facility must display a sign in the cashier's area, and in each location where customer service orders are written, informing customers of their basic rights under the law.

RECORDS MAINTENANCE - A facility must keep for a period of 3 years copies of all documents used by the facility in connection with repairs to customer vehicles, and longer if a repair is under investigation. Body shops must keep parts sales records and/or a police book to record major component parts which are bought, sold, or used by the facility.

REGISTRATION NUMBER - The registration number assigned by the Department of State must appear on all written estimates, waiver of estimates, final invoices, or any other documents given to the customer. A repair facility may not do business until a registration number is issued.

RENEWAL - A renewal application will be mailed 60 days prior to your expiration date. Renewals may be mailed, or you may choose to renew online. Most online renewals will automatically process within 24 hours. Mailed in renewals must be manually processed and can take 30-45 days. If the department has received the renewal and payment prior to the expiration date, the facility may continue to operate until it is processed.

TRAINING—The Business Regulation Section offers free virtual trainings to repair facility owners, managers, service advisers, and technicians on the basic requirements of the Motor Vehicle Service and Repair Act and relevant industry information. Find more information at www.Michigan.gov/sos > Industry Services > Repair Facilities > Training. This training is strongly encouraged.

It is important that you answer all questions and submit all required information and documents, or your application cannot be processed. Failure to promptly respond to requests for additional information may lead to the dismissal of your application and forfeiture of application fees.

Many questions can be answered by viewing our website.

Go to www.Michigan.gov/sos > Industry Services > Repair Facilities.

You may also contact the Business Licensing Section via email at Licensing@michigan.gov or telephone at 1-888-SOS-MICH (1-888-767-6424).

**Please Allow at Least 30 Days for Processing
Application Fees are Non-Refundable.**

PLEASE ALLOW AT LEAST
30 DAYS
FOR PROCESSING

STATE OF MICHIGAN

ORIGINAL MOTOR VEHICLE REPAIR FACILITY REGISTRATION APPLICATION

Please Type or Print

1. BUSINESS NAME -- Enter the complete legal name exactly as it is filed with the County (for Sole Proprietorship) or Licensing and Regulatory Affairs Corporations Division (LARA)(for Corporations, LLCs, etc). Include any DBAs or Assumed Names—**these must already be on file with the County or with LARA or they cannot be used and will be left off the registration.**

2. FACILITY ADDRESS -- There can only be one repair facility at a single address. **A Closeout Statement from the previous owner must be submitted with this application if there is a repair facility currently registered at this address.** Go to www.michigan.gov/sos/resources/forms and search for Repair Facility Closeout Statement.

STREET ADDRESS CITY COUNTY ZIP

2a. MAILING ADDRESS – If you would like to have your mail sent to a separate address, add it here. All mail will go to this address.

STREET ADDRESS CITY COUNTY ZIP

3. OWNERSHIP TYPE Sole Proprietor Sole Proprietor w/Spouse Partnership Other _____
 Corporation Limited Liability Company Municipality

4. CORPORATE ID NUMBER	5. ORIGATION DATE	6. STATE OF ORIGATION	7. FEIN, EIN (if applicable)
-------------------------------	--------------------------	------------------------------	-------------------------------------

8. FACILITY TELEPHONE NUMBER ()	9. BUSINESS E-MAIL ADDRESS	10. INDIVIDUAL IN CHARGE OF THIS LOCATION
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<p>11. BUSINESS DAYS AND HOURS Enter the open and close times for each day you will be open for business. Check Closed and Appointment Only as applicable.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Closed</th> <th style="text-align: center;">Appointment Only</th> <th style="text-align: center;">Open</th> <th style="text-align: center;">Close</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">Sunday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td style="text-align: center;">Monday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td style="text-align: center;">Tuesday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td style="text-align: center;">Wednesday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td style="text-align: center;">Thursday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td style="text-align: center;">Friday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td style="text-align: center;">Saturday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td></tr> </tbody> </table>		Closed	Appointment Only	Open	Close	Sunday	<input type="checkbox"/>	<input type="checkbox"/>			Monday	<input type="checkbox"/>	<input type="checkbox"/>			Tuesday	<input type="checkbox"/>	<input type="checkbox"/>			Wednesday	<input type="checkbox"/>	<input type="checkbox"/>			Thursday	<input type="checkbox"/>	<input type="checkbox"/>			Friday	<input type="checkbox"/>	<input type="checkbox"/>			Saturday	<input type="checkbox"/>	<input type="checkbox"/>			<p>12. TYPE OF VEHICLES SERVICED Indicate the types of vehicles you will be servicing.</p> <p><input type="checkbox"/> Automobiles and Light Trucks (under 14,000# GVW)</p> <p><input type="checkbox"/> Heavy-Duty Trucks (14,000# GVW or more)</p> <p><input type="checkbox"/> Motorcycles</p> <p><input type="checkbox"/> Recreational Trailers / RVs</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">For More Information visit this link: https://www.michigan.gov/sos/industry-services/repair-facilities</p>
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Saturday	<input type="checkbox"/>	<input type="checkbox"/>																																							

13. TYPE OF SERVICE BUSINESS Mark the one most appropriate description of your facility.

A. <input type="checkbox"/> New Car Dealer	H. <input type="checkbox"/> Auto Parts Shop	Z. <input type="checkbox"/> Mobile Repair Facility
B. <input type="checkbox"/> Used Car Dealer	I. <input type="checkbox"/> Specialty Shop	<input type="checkbox"/> Other (specify)
C. <input type="checkbox"/> RV Dealer	J. <input type="checkbox"/> Multi-Facility Chain	
D. <input type="checkbox"/> HD Truck/Semi Dealer	K. <input type="checkbox"/> Independent Garage	
E. <input type="checkbox"/> Scrap Dealer	L. <input type="checkbox"/> Gasoline Service Station	
F. <input type="checkbox"/> Motorcycle Dealer	M. <input type="checkbox"/> Diagnostic Clinic	
G. <input type="checkbox"/> Mobile Home Dealer	N. <input type="checkbox"/> Body or Collision Shop	

14. ANTICIPATED DATE BUSINESS WILL OPEN
Business cannot open without a registration number. Allow at least 30 days for processing _____/_____/_____

Contact Business Licensing by email at Licensing@Michigan.gov or visit www.Michigan.gov/SOS

15. Is the business franchised? <input type="checkbox"/> NO <input type="checkbox"/> YES (If you checked YES complete Item 16.)	16. Company and person selling franchise. Company _____ Person _____
17. Has any owner, officer, partner, member, or other person listed on this application owned or participated in any other repair facility? <input type="checkbox"/> NO <input type="checkbox"/> YES (If you checked YES complete Item 18.)	18. List all current and former repair facility registrations by name or number.

19. TYPE OF REPAIRS OFFERED Check every category of motor vehicle repair you will offer.			
Automobiles and Light Trucks (under 14,000# GVW)		Recreational Trailers	
A. <input type="checkbox"/>	All Repairs B through I	N. <input type="checkbox"/>	Recreational Trailer Repair
B. <input type="checkbox"/>	Engine Repair		
C. <input type="checkbox"/>	Automatic Transmission	Heavy-Duty Trucks (14,000# GVW or more)	
D. <input type="checkbox"/>	Manual Transmission	P. <input type="checkbox"/>	All Truck Repairs Q through V
E. <input type="checkbox"/>	Front End, Suspension and Steering Systems	Q. <input type="checkbox"/>	Engine Repair - Gasoline
F. <input type="checkbox"/>	Brakes and Braking Systems	R. <input type="checkbox"/>	Engine Repair - Diesel
G. <input type="checkbox"/>	Electrical Systems	S. <input type="checkbox"/>	Drive Train
H. <input type="checkbox"/>	Heating and Air Conditioning	T. <input type="checkbox"/>	Brakes and Braking Systems
I. <input type="checkbox"/>	Engine Tune-Up/Performance	U. <input type="checkbox"/>	Suspension and Steering Systems
J. <input type="checkbox"/>	Pre-1973 Vehicles	V. <input type="checkbox"/>	Electrical Systems
Motorcycle		Other Repairs	
M. <input type="checkbox"/>	Motorcycle Repair	Z. <input type="checkbox"/>	Body and Collision Repairs
		<input type="checkbox"/>	Other (specify)

20. SQUARE FOOTAGE How many square feet is the portion of the facility used for diagnosis and repairs? _____ Square Feet

21. CERTIFIED MECHANICS – If your facility will be doing major repairs (A-V in Item 19 above), replacing collision-damaged mechanical components, or repairing structurally damaged unitized body vehicles, you must employ properly certified mechanics. Mechanics must be certified in the categories of repair offered by the facility. Attach additional pages, if necessary.	
MECHANIC'S NAME	MICHIGAN CERTIFICATION NUMBER
1)	
2)	
3)	
4)	
5)	
6)	

*NOTE – You may have mechanics in your facility who need state testing and certification. For more on mechanic testing, certification, and trainee permits, please visit <https://www.michigan.gov/sos/industry-services/mechanics>.

22. TOTAL NUMBER OF MECHANICS – Enter the total number of persons who diagnose, repair, or maintain motor vehicles. This includes persons who do lubrication work, tire installation, minor repairs and body and collision repairs. _____
--

23. RESIDENT AGENT IN MICHIGAN Complete **ONLY** if you have a Resident Agent on file with Licensing and Regulatory Affairs Corporations Division and that person **IS NOT** also listed as an Owner/Officer/Director/Member or shareholder with a 10% or more ownership position.

Name _____	Telephone _____		
Address _____	Street _____	City _____	Zip Code _____

Contact Business Licensing by email at Licensing@Michigan.gov or visit www.Michigan.gov/SOS

FEE SCHEDULE

Gross annual revenue is the total amount of money you expect to receive in payment for services or repairs provided before expenses are subtracted.

INCLUDE:

- all parts, labor, and materials you expect to use in performing repairs.
- item such as tires, oil, oil filters, windshield wiper blades, body sheet metal components, batteries, belts, etc.
- labor, even if parts are not used.
- repairs covered by a warranty which reimburses you for parts used and/or labor.

DO NOT INCLUDE:

- parts sold but not installed.
- fuel and lubricants sold over the counter.
- revenue obtained from vehicles not required to be registered and titled such as farm tractors, off road construction equipment, snowmobiles, etc.

When you have found the revenue category which most accurately reflects your anticipated gross annual revenue, place a check in the box next to the fee to be paid. Please be aware that any misleading, incomplete, or false information provided may be grounds for denial of this application.

GROSS ANNUAL REVENUE	FEE	GROSS ANNUAL REVENUE	FEE	GROSS ANNUAL REVENUE	FEE
A. <input type="checkbox"/> Under \$5,000	\$25.00	H. <input type="checkbox"/> \$100,001 to \$120,000	\$200.00	O. <input type="checkbox"/> \$240,001 to \$260,000	\$375.00
B. <input type="checkbox"/> \$5,001 to \$15,000	\$50.00	I. <input type="checkbox"/> \$120,001 to \$140,000	\$225.00	P. <input type="checkbox"/> \$260,001 to \$280,000	\$400.00
C. <input type="checkbox"/> \$15,001 to \$25,000	\$75.00	J. <input type="checkbox"/> \$140,001 to \$160,000	\$250.00	Q. <input type="checkbox"/> \$280,001 to \$300,000	\$425.00
D. <input type="checkbox"/> \$25,001 to \$40,000	\$100.00	K. <input type="checkbox"/> \$160,001 to \$180,000	\$275.00	R. <input type="checkbox"/> \$300,001 to \$320,000	\$450.00
E. <input type="checkbox"/> \$40,001 to \$60,000	\$125.00	L. <input type="checkbox"/> \$180,001 to \$200,000	\$300.00	S. <input type="checkbox"/> \$320,001 to \$340,000	\$475.00
F. <input type="checkbox"/> \$60,001 to \$80,000	\$150.00	M. <input type="checkbox"/> \$200,001 to \$220,000	\$325.00	T. <input type="checkbox"/> Over \$340,000	\$500.00
G. <input type="checkbox"/> \$80,001 to \$100,000	\$175.00	N. <input type="checkbox"/> \$220,001 to \$240,000	\$350.00		

Estimated 1st Year Gross Annual Revenue \$ _____

Enter Fee to be Paid: \$ _____

Make Checks Payable to: STATE OF MICHIGAN

FEES ARE NON-REFUNDABLE

Mail Application and Payment To:

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

Yes, this is correct—no street or number is necessary!

24. ARRESTS OR CONVICTIONS - Has any Owner, Partner, Officer, Director, or Member (as listed in item 26) been arrested or convicted of a crime, other than a traffic violation, in Michigan or any other state in the past 10 years?

NO YES

If YES, provide the name of the individual and complete details of all arrests or convictions which took place. Attach an additional sheet if necessary, following the same format.

Name:	Date of Arrest/Conviction:
Location of offense:	Court of record:
Details of Arrest/Conviction: (Include as much detail as possible including statute number and common terminology such as B&E, Fleeing and Eluding, etc.)	

Reach Business Licensing by email at Licensing@Michigan.gov or visit www.Michigan.gov/SOS

25. DOCUMENTS - Copies of all forms and contracts intended to be used with the public in the operation of your facility must be submitted with the application. This includes estimates and invoices at a minimum, but may also include warranties, waivers, contracts, and other documents. Please submit all documents with this application and mark off below which documents are being submitted. See Appendix B, C, D, and E of the Repair Facility Manual for additional information.

- | | | | |
|-----------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> Estimate | <input type="checkbox"/> Warranty | <input type="checkbox"/> Waiver | <input type="checkbox"/> Additional Services Information – This includes pamphlets and handouts used to sell maintenance and other products and services. |
| <input type="checkbox"/> Invoice | <input type="checkbox"/> Contract Language | <input type="checkbox"/> Other _____ | |

26. CERTIFICATION AND AUTHORIZED SIGNATURES

If Individual Ownership (sole proprietor), the owner must sign. If a Sole Proprietor W/Spouse, both must sign. If a Partnership, all partners must sign. If a Limited Liability Company, all members must sign. If a Municipality (or school), an administrator with proper authority must sign. If a Corporation, all corporate officers must sign. For publicly traded or multinational entities, all corporate officers, and directors must be listed but only one officer needs to sign. In all cases, when applicable, owners of 10% or more of the facility must also be included. Resident Agent non-owners must be disclosed.

By signing below, I (we) certify to the truth and accuracy of all statements and representations made in this application, including all statements attached hereto. Further, 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 Motor Vehicle Service and Repair Act [Public Act 300 of 1974] and the Repair Facility Manual. I (we) also understand and agree to maintain all records as required by law for a period of 3 years, or longer if repairs are under investigation.

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.

PLEASE PRINT EXCEPT FOR SIGNATURE.

1.) Owner, Partner, Officer, Director, or Member Name		Title	Date of Birth
Signature		Date	
Home Address (Street)	(City/State)	(Zip Code)	Telephone Number
Driver License or State ID Number	State of Issuance	Principal Occupation for Past Five (5) Years	
2.) Owner, Partner, Officer, Director, or Member Name		Title	Date of Birth
Signature		Date	
Home Address (Street)	(City/State)	(Zip Code)	Telephone Number
Driver License or State ID Number	State of Issuance	Principal Occupation for Past Five (5) Years	
3.) Owner, Partner, Officer, Director, or Member Name		Title	Date of Birth
Signature		Date	
Home Address (Street)	(City/State)	(Zip Code)	Telephone Number
Driver License or State ID Number	State of Issuance	Principal Occupation for Past Five (5) Years	
4.) Owner, Partner, Officer, Director, or Member Name		Title	Date of Birth
Signature		Date	
Home Address (Street)	(City/State)	(Zip Code)	Telephone Number
Driver License or State ID Number	State of Issuance	Principal Occupation for Past Five (5) Years	

Contact Business Licensing by email at Licensing@Michigan.gov or visit www.Michigan.gov/SOS

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273
COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

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 AR	2. Requestor/Agency ID 1340A	3. Agency Name Michigan Department of State			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	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							
<p>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)</p>							
VI. Consent							
<p>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.</p>							
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.

ORIGINAL VEHICLE DEALER APPLICATION REQUIREMENTS CHART

ALL CLASSES NEED THE FOLLOWING:

√ Original application	√ License Fee	√ Assumed Name and/or Corporate Filing	√ Fingerprints
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Class Code	Copy of Franchise Agreement	Repair Facility Registration or Service Agreement	Municipality Approval	Zoning Approval	Fleet Insurance Certificate	Dealer Plates	License Fee	Workers Compensation Insurance	\$25,000 Vehicle Dealer Surety Bond	Designated Branch Office Form	Pre-License Inspection
CLASS A	√	√	√	√	√	Minimum 2	\$160	N/A	√	√	√
CLASS B	N/A	√	√	√	√	Minimum 2	\$160	N/A	√	√	√
CLASS C	N/A	Required only if parts installed	√	√	N/A	N/A	\$160	√	N/A	N/A	N/A
CLASS D	N/A	N/A	√	√	N/A	N/A	\$160	N/A	√	N/A	N/A
CLASS E	N/A	N/A	√	√	N/A	N/A	\$160	N/A	N/A	N/A	N/A
CLASS F	N/A	N/A	√	√	N/A	N/A	\$160	N/A	N/A	N/A	N/A
CLASS G	N/A	N/A	√	√	N/A	N/A	\$160	N/A	N/A	N/A	N/A
CLASS H	N/A	N/A	N/A	N/A	N/A	N/A	\$160	√	N/A	N/A	N/A
CLASS R	N/A	Required only if parts installed	√	√	N/A	N/A	\$160	√	N/A	N/A	N/A
CLASS W	N/A	N/A	√	√	Only if dealer plates are requested	1 Allowed the 1st year	\$160	N/A	N/A	N/A	√