



PROVIDER E-SERVICES CERTIFICATION

This document is to be used ONLY if you are applying through CARS e-Services. DO NOT submit if applying through mail.

PART A – APPLICATION TYPE		Indicate what type of application you are applying for through CARS e-Services.
<input type="checkbox"/> Original	Complete Parts A, B, C, D, and E. When prompted, upload this form in lieu of DES-P01 Provider Certification Application.	
<input type="checkbox"/> Renewal	Complete Parts A, B, D, and E. Part C must only be completed if your business address changed. When prompted, upload this form in lieu of DES-P07 Provider Renewal Application.	
<input type="checkbox"/> Change	Complete Parts A, B, D, and E. Part C must only be completed if your business address changed. When prompted, upload this form in lieu of DES-P05/DES-P06 Request of Change forms.	
PART B – PROVIDER / APPLICANT INFORMATION		
Business Name of Provider / Applicant		Current Provider Number (if applicable) P000
PART C – ZONING and MUNICIPAL APPROVAL (only required if an original provider application, or the current business address has changed)		
Business Office Address	City	County
<input type="checkbox"/>	Location is APPROVED for use as an established office location to conduct a driver education provider business.	
<input type="checkbox"/>	Location is NOT APPROVED for use as an established office location to conduct a driver education provider business.	
<ul style="list-style-type: none"> ▪ I hereby certify that the ADDRESS listed above has been inspected if required by ordinance or procedures and is either approved or not approved by the zoning or municipal authority as indicated below. 		
Signature of Zoning/Municipal Authority	Phone Number	Approval Date:
Printed Name of Zoning/Municipal Authority	Jurisdiction (City, Township, etc.)	
PART D – STIPULATION One business interest type (Owner, Partner, Officer, Director, or Designated Representative) must sign the stipulation.		
<p>The applicant agrees that legal process affecting the applicant, served on the secretary of state against the applicant or the applicant’s successor in interest for a violation of this act, a rule promulgated under this act, or an order issued under this act, has the same effect as if personally served on the applicant. This appointment remains in force as long as the applicant has any outstanding liability within this state under this act (2006 PA 384).</p>		
Signature of Applicant	Date Signed	
PART E – CERTIFICATION Each Owner, Partner, Officer, Director, and Designated Representative must sign the CERTIFICATION below.		
<p>Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.</p> <ul style="list-style-type: none"> ▪ I/we hereby grant the licensing authority in any state or jurisdiction listed in this application authority to release information concerning any previous certificate (license) applications, certificate (license) history, and disciplinary actions or sanctions to the Department of State. ▪ I/we hereby affirm to have read, understand, and will comply with the compliance procedures as prescribed by the Secretary of State’s most current Driver Education Provider Manual authorized under PA 384 of 2006, as amended. ▪ I/we hereby affirm to comply with the Driver Education Curriculum Guide as administered and/or approved by the Secretary of State, and understand all requirements within. ▪ I/we hereby affirm to provide other information and documents as prescribed by the Secretary of State necessary to determine whether the applicant meets the requirements of this act (PA 384 of 2006). ▪ 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 certificate. ▪ I/we hereby affirm to ensure that students and their parents/guardians will be treated with dignity and respect, including promoting the health, safety and well-being of students by establishing and maintaining appropriate verbal, physical, emotional, and social boundaries. ▪ I/we hereby affirm that the established business office location meets all applicable zoning and municipality requirements. ▪ I/we authorize the Department of State to receive and review the criminal history records of individuals within the application obtained from the Michigan State Police and the FBI. ▪ With knowledge of the penalties for false statements under, but not limited to, Section 69 of the Driver Education Provider and Instructor Act [MCL 256.689, PA 384 of 2006], I/we certify that the statements and information contained in this application are true to the best of my/our knowledge and belief. 		
1.	Printed Name – Provider’s Authorized Official or Applicant	Title
Signature of – Provider’s Authorized Official or Applicant		Date Signed
2.	Printed Name – Provider’s Authorized Official or Applicant	Title
Signature of – Provider’s Authorized Official or Applicant		Date Signed

NOTICE: A person who engages or offers to engage in activity as a driver education provider before being certified by the secretary of state is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$2,000.00, or both (activities include advertisements).