



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

MICHIGAN REPAIR FACILITY CLOSEOUT STATEMENT

I, _____ as _____
(Name) (Position/Title)

of _____, hereby certify that I have discontinued
(Name of Repair Facility)

business as a Michigan Repair Facility, _____,
(Repair Facility Registration Number)

effective, _____.
(Date)

Office of Investigative Services Representative _____ on _____.
(Representative Name) (Date)

I certify that all statements I have made herein are true and accurate to the best of my knowledge. I understand that, according to Section 6 [MCL 257.1306] of the Motor Vehicle Service and Repair Act [MVSRA; MCL 257.1301 et seq.] that I cannot lawfully operate a motor vehicle repair facility in Michigan without a registration. I further certify that I will surrender or dispose of the repair facility registration certificate issued by the Michigan Department of State.

(Signature and Title) (Date)

This form must be signed by an Owner/Officer of record for the facility.