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

Clear Form

**(Please complete all sections of this form)**

| Business Name | | Dealer License No. |
|---|---|---|
| Business Street Address | | City |
| Business Email Address | | Date |
| Owner/Officer's Signature<br>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**

Authority granted under Public Act 300 of 1949 as amended.

April 2022