



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

MECHANIC SCHOOL CONTACT LIST

School/Facility name: _____

Mailing address: _____

City: _____, ZIP code: _____

Maximum number of testing stations that will be in use at any one time: _____

(This is to ensure you have the correct number of test station licenses/registrations for installation)

Administrative contacts

First contact name: _____, Title: _____

Phone: _____, Email: _____

Second contact name: _____, Title: _____

Phone: _____, Email: _____

Proctors (Name/Email)

(Those individuals who will be assisting with testing: para pros, test lab staff, etc.)

1. _____ / _____

2. _____ / _____

Instructors (Name/Email)

1. _____ / _____

2. _____ / _____

3. _____ / _____

4. _____ / _____

Please return this form to:
 Doug Trutzl at trutzld@Michigan.gov and Alin Potroanchenu at potroanchenua1@Michigan.gov