

# MOTOR VEHICLE REPAIR FACILITY REGISTRATION CHANGE OF OFFICER, DIRECTOR, STOCKHOLDER APPLICATION

MICHIGAN DEPARTMENT OF STATE  
Licensing Unit  
Lansing, Michigan 48918  
(517) 636-6400; fax (517) 335-2810

[www.Michigan.gov/sos](http://www.Michigan.gov/sos)

## DEPARTMENT USE ONLY:

Approved: \_\_\_\_\_

By: \_\_\_\_\_

**IF THE BUSINESS ENTITY HAS CHANGED, YOU MAY NOT USE THIS FORM.  
YOU MUST APPLY FOR AN ORIGINAL REGISTRATION.**

### 1. BUSINESS NAME and REPAIR FACILITY REGISTRATION NUMBER (Type or print exactly as it appears on your wall license.)

Business Name

Repair Facility Registration Number

### 2. BUSINESS LOCATION AND BUSINESS TELEPHONE NUMBER

Street

City

County

Zip Code

(      )

Telephone Number

### 3. CORPORATE OFFICERS, DIRECTORS, AND STOCKHOLDERS OWNING 10% OR MORE OF THE STOCK

Type or print the information for **ALL** persons to be listed on the registration (both new and continuing). Attach additional sheet(s), if necessary.

A.	Full Legal Name	Home Address: Street	City/State	Zip Code
	Home Telephone	Date of Birth	Driver License Number	
B.	Full Legal Name	Home Address: Street	City/State	Zip Code
	Home Telephone	Date of Birth	Driver License Number	
C.	Full Legal Name	Home Address: Street	City/State	Zip Code
	Home Telephone	Date of Birth	Driver License Number	
D.	Full Legal Name	Home Address: Street	City/State	Zip Code
	Home Telephone	Date of Birth	Driver License Number	

**Complete Items 4 and 5 only as they relate to NEW corporate officers, directors, or stockholders.**

### 4. PREVIOUS REPAIR FACILITY REGISTRATION(S)

Have any of the **NEW** applicants listed in Item 3 ever owned or participated in any repair facility?      NO      YES

If your answer is **YES**, type or print complete details below. Attach additional sheet(s), if necessary.

Applicant's Name	Business Name	Registration Number	Last Year Registered
Applicant's Name	Business Name	Registration Number	Last Year Registered
Applicant's Name	Business Name	Registration Number	Last Year Registered
Applicant's Name	Business Name	Registration Number	Last Year Registered

(over)

## 5. ARRESTS OR CONVICTIONS

Have any of the **NEW** applicants listed in Item 3 been arrested or convicted of a crime other than a traffic violation in Michigan or any other state within the past ten (10) years?      NO      YES

If your answer is **YES**, type or print the name(s) of the applicant(s) involved and complete details of all arrests or convictions that took place in the past ten (10) years. Attach additional sheet(s), if necessary.

Name(s) of Person(s) Arrested or Convicted, and Details \_\_\_\_\_

Enter Details Here:

Date(s) of Arrest(s) or Conviction(s) Enter Dates Here:

Court(s) of Record Enter Court(s) of Record here:

City and State

**6. READ CAREFULLY BEFORE SIGNING. ALL PERSONS LISTED IN ITEM 3 MUST SIGN.**

I certify that the statements contained in this application are true and I, as an officer, director, or stockholder of the corporation, have authority to sign this application and to make the statements contained herein. I understand that any misleading, incomplete, or false statement shall be grounds for denial of this application or the suspension or revocation of my registration.

I 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 and all other owners of this business, if any. I further agree that this appointment shall remain in force as long as any liability of this business remains outstanding within the State of Michigan.

Signature	Title	Date
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Signature	Title	Date
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Signature	Title	Date
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