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

MICHIGAN DEPARTMENT OF STATE DEPARTMENT USE ONLY: Licensing Unit

Lansing Offit Lansing, Michigan 48918 (517) 636-6400; fax (517) 335-2810

www.Michigan.gov/sos

Арр	oroved <u>:</u>		
Зу:			

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

Business Name	Repair Facility Registration Num			
BUSINESS LOCATIO				
			()	
Street	City	County Zip Code	le Telephone Number	
ORPORATE OFFICE	ERS, DIRECTORS, AND STOCKHOL	DERS OWNING 10% C	OR MORE OF THE STOCK	
	for ALL persons to be listed on the registration			
Full Legal Name	Home Address: Street	City/State	e Zip Code	
-uii Legai Name	nome Address. Street	City/State	į Σiρ Code	
Home Telephone	Date of Birth		Driver License Number	
-ull Legal Name	Home Address: Street	City/State	7in Codo	
uii Legai ivaille	Home Addless. Street	City/State	e Zip Code	
Home Telephone	Date of Birth		Driver License Number	
Tull and Name	Users Address Obert	0:1-/01-1-	75000	
Full Legal Name	Home Address: Street	City/State	e Zip Code	
Home Telephone	Date of Birth	Driver License Number		
Full Legal Name	Home Address: Street	City/State	7in Codo	
-uii Legai Name	nome Address. Street	City/State	e Zip Code	
lome Telephone	Date of Birth	ate of Birth Driver		
Complete Iten	ns 4 and 5 only as they relate to NEV	V corporate officers, o	directors, or stockholders.	
REVIOUS REPAIR F	ACILITY REGISTRATION(S)			
Have any of the NEW applicants listed in Item 3 ever owned or participated in any repair facility? NO YES				
your answer is YES , type of	ur answer is YES, type or print complete details below. Attach additional sheet(s), if necessary.			
Applicant's Name	Business Name	Registration Nu	ımber Last Year Registered	
Applicant's Name	Dusiliess Name	Negistiation Nu	Tibei Last Teal Negistered	
Applicant's Name	Business Name	Registration Nu	mber Last Year Registered	
		Davistastias No	Last Van Daristand	
Applicant's Name	Business Name	Registration Nu	ımber Last Year Registered	
Applicant's Name Applicant's Name	Business Name	Registration Nu		

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 Her	re:					
	Court(s) of Record Enter Court(s) of Record here:						
	City and State Enter City and State Here:						
	City and State						
6.	READ CAREFULLY BEFORE SIGNING. ALL	PERSONS LISTED IN ITEM 3 MUST SIGN	l.				
	I certify that the statements contained in this application are						
	this application and to make the statements contained here denial of this application or the suspension or revocation of		se statement shall be grounds for				
I stipulate and agree that any legal process affecting this business served on the Secretary of State or his/her deputies shall have the							
	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				
	Signature	Title	Date				
	Signature	Title	Date				
			-				
	Signature	Title	Date				
	Signature	Title	Date				
	Signature	Title	Date				