

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

www.Michigan.gov/sos

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 YESIf 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

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