

**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 \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_

B.

Full Legal Name \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_

C.

Full Legal Name \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_

D.

Full Legal Name \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

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 \_\_\_\_\_

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)

