

STATE OF MICHIGAN



Terri Lynn Land, Secretary of State
MICHIGAN DEPARTMENT OF STATE
LANSING, MICHIGAN 48918

**SALVAGE VEHICLE AGENT
EMPLOYMENT CERTIFICATION**

I certify that _____,
(Agent's Name – Printed)

driver license or personal identification number _____

is a bona fide employee of:

(Name of Dealership)

(Dealer License Number)

and that the dealer takes responsibility for this employee's actions in the course of employment. Should the employment be terminated, the dealership agrees to surrender the photo identification card and notify the Michigan Department of State, Bureau of Regulatory Services, Licensing Unit **within five days**.

(Signature of Dealer) (Title)

(Printed Name of Dealer) (Date)