

MICHIGAN DEPARTMENT OF STATE

REPAIR FACILITY ORIGINAL APPLICATION IMPORTANT INFORMATION

Before performing motor vehicle repairs for compensation, a repair facility must register with the Michigan Department of State. Business cannot be conducted until a registration number is issued. Failure to comply with this requirement is a misdemeanor and subject to administrative sanctions by the Michigan Department of State. **You must certify that you have read and understand the requirements of the [Repair Facility Manual](#) and the [Motor Vehicle Service and Repair Act](#) [Public Act 300 of 1974].** Click on the hyperlinks above to access the documents.

The following information is helpful with completing the attached Repair Facility application.

APPLY ONLINE WITH e-SERVICES – For faster service please submit your application online. All Mechanic certification information, forms, and access to e-Services can be found on the [Repair Facilities](#) web page.

ONLY ONE FACILITY AT A SINGLE ADDRESS – Only one repair facility is permitted at a single mailing address. If an active repair facility is registered at the same address of your proposed repair facility, the previous owner must submit a Repair Facility Closeout Statement (see below).

CLOSE OUT STATEMENT – A repair facility cannot occupy a location listed as the address of another, registered repair facility. The existing, registered repair facility must complete a repair facility closeout statement signed by a listed owner of the facility that is closing out. In some extreme situations it may not be possible to obtain such a signature. In that case documents such as lease agreements, statements from the property owner, property deeds combined with inspections by our investigators can be used. These are decided on a case-by-case basis.

BUSINESS NAME—Every business entity must be filed at the county (if a sole proprietorship) or Licensing and Regulatory Affairs (LARA) if a corporation, LLC, or partnership. Any assumed names must also be on file for that entity, or they cannot be used.

MECHANIC CERTIFICATION - If a repair facility performs major repairs, it must employ State of Michigan certified mechanics for the categories of major repair performed by the facility. Mechanics performing minor repairs do not require certification.

DOCUMENTS SUBMISSION –Copies of **all** forms and contracts intended to be used with the public in the operation of your facility must be submitted with this application. This includes estimates and invoices at a minimum, but may also include warranties, waivers, contracts, and other documents. Estimates and invoices are required by every facility and should be compliant. See the [Repair Facility Manual](#) for more detailed information.

GROSS ANNUAL REVENUE – This initial application requires a forward-looking estimate of anticipated gross annual revenue the repair facility expects to receive the first year. Gross annual revenue is the total amount of money received in payment for services or repairs before expenses of any kind are subtracted. It includes all parts, labor, and materials expected to be used in performing repairs, including items such as tires, oil, oil filters, windshield wiper blades, body sheet metal components, batteries, belts, etc. and labor. It also includes repairs covered by a warranty which reimburses you for parts used and/or labor. Gross annual revenue does not include revenue obtained from vehicles not required to be registered and titled such as farm tractors, off road construction equipment, snowmobiles, etc.; parts sold but not installed and fuel and lubricants sold over the counter.

The following information is important for all repair facility owners to know.

WRITTEN ESTIMATE - A repair facility must give a written estimate to the customer prior to repair work costing \$50 or more. Any additional repairs which exceed the estimated price by more than \$50 or 10% (whichever is less) must be approved by the customer before the additional work is done. This approval may be verbal.

If the customer does not want a written estimate, the facility may have the customer sign a waiver forfeiting the right to receive the written estimate prior to repairs. One copy of the signed waiver must be given to the customer.

INVOICE - Upon completion of repairs, a repair facility must give the customer an invoice itemizing all parts and labor involved in the repair of the customer's vehicle. The invoice must disclose whether parts installed were new, used, rebuilt, or reconditioned. The name and Michigan certification number of the mechanic who performed the repairs must appear on the invoice. The invoice must contain a certification stating that the repairs were completed properly and must be signed by the owner, or a person designated by the owner to represent the facility.

PARTS RETURN - Before beginning work on a customer's vehicle, a facility must inform the customer of the right to return of replaced parts. This can be done by means of a sign or by having proper wording on the face of the work order.

CONSUMER INFORMATION SIGN - A repair facility must display a sign in the cashier's area, and in each location where customer service orders are written, informing customers of their basic rights under the law.

RECORDS MAINTENANCE - A facility must keep for a period of 3 years copies of all documents used by the facility in connection with repairs to customer vehicles, and longer if a repair is under investigation. Body shops must keep parts sales records and/or a police book to record major component parts which are bought, sold, or used by the facility.

REGISTRATION NUMBER - The registration number assigned by the Department of State must appear on all written estimates, waiver of estimates, final invoices, or any other documents given to the customer. A repair facility may not do business until a registration number is issued.

RENEWAL - A renewal application will be mailed 60 days prior to your expiration date. Renewals may be mailed, or you may choose to renew online. Most online renewals will automatically process within 24 hours. Mailed in renewals must be manually processed and can take 30-45 days. If the department has received the renewal and payment prior to the expiration date, the facility may continue to operate until it is processed.

TRAINING—The Business Regulation Section offers free virtual trainings to repair facility owners, managers, service advisers, and technicians on the basic requirements of the Motor Vehicle Service and Repair Act and relevant industry information. Find more information at www.Michigan.gov/sos > Industry Services > Repair Facilities > Training. This training is strongly encouraged.

It is important that you answer all questions and submit all required information and documents, or your application cannot be processed. Failure to promptly respond to requests for additional information may lead to the dismissal of your application and forfeiture of application fees.

Many questions can be answered by viewing our website.

Go to www.Michigan.gov/sos > Industry Services > Repair Facilities.

You may also contact the Business Licensing Section via email at Licensing@michigan.gov or telephone at 1-888-SOS-MICH (1-888-767-6424).

**Please Allow at Least 30 Days for Processing
Application Fees are Non-Refundable.**

PLEASE ALLOW AT LEAST
30 DAYS
FOR PROCESSING

STATE OF MICHIGAN

ORIGINAL MOTOR VEHICLE REPAIR FACILITY REGISTRATION APPLICATION

Please Type or Print

1. BUSINESS NAME -- Enter the complete legal name exactly as it is filed with the County (for Sole Proprietorship) or Licensing and Regulatory Affairs Corporations Division (LARA)(for Corporations, LLCs, etc). Include any DBAs or Assumed Names—**these must already be on file with the County or with LARA or they cannot be used and will be left off the registration.**

2. FACILITY ADDRESS -- There can only be one repair facility at a single address. **A Closeout Statement from the previous owner must be submitted with this application if there is a repair facility currently registered at this address.** Go to www.michigan.gov/sos/resources/forms and search for Repair Facility Closeout Statement.

STREET ADDRESS CITY COUNTY ZIP

2a. MAILING ADDRESS -- If you would like to have your mail sent to a separate address, add it here. All mail will go to this address.

STREET ADDRESS CITY COUNTY ZIP

3. OWNERSHIP TYPE Sole Proprietor Sole Proprietor w/Spouse Partnership Other _____
 Corporation Limited Liability Company Municipality

4. CORPORATE ID NUMBER	5. ORIGATION DATE	6. STATE OF ORIGATION	7. FEIN, EIN (if applicable)
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8. FACILITY TELEPHONE NUMBER ()	9. BUSINESS E-MAIL ADDRESS	10. INDIVIDUAL IN CHARGE OF THIS LOCATION
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<p>11. BUSINESS DAYS AND HOURS Enter the open and close times for each day you will be open for business. Check Closed and Appointment Only as applicable.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Closed</th> <th>Appointment Only</th> <th>Open</th> <th>Close</th> </tr> </thead> <tbody> <tr><td>Sunday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Monday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Tuesday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Wednesday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Thursday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Friday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Saturday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td></tr> </tbody> </table>		Closed	Appointment Only	Open	Close	Sunday	<input type="checkbox"/>	<input type="checkbox"/>			Monday	<input type="checkbox"/>	<input type="checkbox"/>			Tuesday	<input type="checkbox"/>	<input type="checkbox"/>			Wednesday	<input type="checkbox"/>	<input type="checkbox"/>			Thursday	<input type="checkbox"/>	<input type="checkbox"/>			Friday	<input type="checkbox"/>	<input type="checkbox"/>			Saturday	<input type="checkbox"/>	<input type="checkbox"/>			<p>12. TYPE OF VEHICLES SERVICED Indicate the types of vehicles you will be servicing.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Automobiles and Light Trucks (under 14,000# GVW)</td></tr> <tr><td><input type="checkbox"/></td><td>Heavy-Duty Trucks (14,000# GVW or more)</td></tr> <tr><td><input type="checkbox"/></td><td>Motorcycles</td></tr> <tr><td><input type="checkbox"/></td><td>Recreational Trailers / RVs</td></tr> <tr><td><input type="checkbox"/></td><td>Other _____</td></tr> </table> <p style="text-align: center;">For More Information visit this link: https://www.michigan.gov/sos/industry-services/repair-facilities</p>	<input type="checkbox"/>	Automobiles and Light Trucks (under 14,000# GVW)	<input type="checkbox"/>	Heavy-Duty Trucks (14,000# GVW or more)	<input type="checkbox"/>	Motorcycles	<input type="checkbox"/>	Recreational Trailers / RVs	<input type="checkbox"/>	Other _____
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13. TYPE OF SERVICE BUSINESS Mark the one most appropriate description of your facility.

A. <input type="checkbox"/> New Car Dealer	H. <input type="checkbox"/> Auto Parts Shop	Z. <input type="checkbox"/> Mobile Repair Facility
B. <input type="checkbox"/> Used Car Dealer	I. <input type="checkbox"/> Specialty Shop	<input type="checkbox"/> Other (specify)
C. <input type="checkbox"/> RV Dealer	J. <input type="checkbox"/> Multi-Facility Chain	
D. <input type="checkbox"/> HD Truck/Semi Dealer	K. <input type="checkbox"/> Independent Garage	
E. <input type="checkbox"/> Scrap Dealer	L. <input type="checkbox"/> Gasoline Service Station	
F. <input type="checkbox"/> Motorcycle Dealer	M. <input type="checkbox"/> Diagnostic Clinic	
G. <input type="checkbox"/> Mobile Home Dealer	N. <input type="checkbox"/> Body or Collision Shop	

14. ANTICIPATED DATE BUSINESS WILL OPEN
Business cannot open without a registration number. Allow at least 30 days for processing _____/_____/_____

Contact Business Licensing by email at Licensing@Michigan.gov or visit www.Michigan.gov/SOS

15. Is the business franchised? <input type="checkbox"/> NO <input type="checkbox"/> YES (If you checked YES complete Item 16.)	16. Company and person selling franchise. Company _____ Person _____
17. Has any owner, officer, partner, member, or other person listed on this application owned or participated in any other repair facility? <input type="checkbox"/> NO <input type="checkbox"/> YES (If you checked YES complete Item 18.)	18. List all current and former repair facility registrations by name or number.

19. TYPE OF REPAIRS OFFERED Check every category of motor vehicle repair you will offer.			
Automobiles and Light Trucks (under 14,000# GVW)		Recreational Trailers	
A.	<input type="checkbox"/>	All Repairs B through I	N. <input type="checkbox"/> Recreational Trailer Repair
B.	<input type="checkbox"/>	Engine Repair	
C.	<input type="checkbox"/>	Automatic Transmission	Heavy-Duty Trucks (14,000# GVW or more)
D.	<input type="checkbox"/>	Manual Transmission	P. <input type="checkbox"/> All Truck Repairs Q through V
E.	<input type="checkbox"/>	Front End, Suspension and Steering Systems	Q. <input type="checkbox"/> Engine Repair - Gasoline
F.	<input type="checkbox"/>	Brakes and Braking Systems	R. <input type="checkbox"/> Engine Repair - Diesel
G.	<input type="checkbox"/>	Electrical Systems	S. <input type="checkbox"/> Drive Train
H.	<input type="checkbox"/>	Heating and Air Conditioning	T. <input type="checkbox"/> Brakes and Braking Systems
I.	<input type="checkbox"/>	Engine Tune-Up/Performance	U. <input type="checkbox"/> Suspension and Steering Systems
J.	<input type="checkbox"/>	Pre-1973 Vehicles	V. <input type="checkbox"/> Electrical Systems
Motorcycle		Other Repairs	
M.	<input type="checkbox"/>	Motorcycle Repair	Z. <input type="checkbox"/> Body and Collision Repairs
			<input type="checkbox"/> Other (specify)

20. SQUARE FOOTAGE How many square feet is the portion of the facility used for diagnosis and repairs? _____ Square Feet

21. CERTIFIED MECHANICS – If your facility will be doing major repairs (A-V in Item 19 above), replacing collision-damaged mechanical components, or repairing structurally damaged unitized body vehicles, you must employ properly certified mechanics. Mechanics must be certified in the categories of repair offered by the facility. Attach additional pages, if necessary.

MECHANIC'S NAME	MICHIGAN CERTIFICATION NUMBER
1)	
2)	
3)	
4)	
5)	
6)	

*NOTE – You may have mechanics in your facility who need state testing and certification. For more on mechanic testing, certification, and trainee permits, please visit <https://www.michigan.gov/sos/industry-services/mechanics>.

22. TOTAL NUMBER OF MECHANICS – Enter the total number of persons who diagnose, repair, or maintain motor vehicles. This includes persons who do lubrication work, tire installation, minor repairs and body and collision repairs. _____
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23. RESIDENT AGENT IN MICHIGAN Complete **ONLY** if you have a Resident Agent on file with Licensing and Regulatory Affairs Corporations Division and that person **IS NOT** also listed as an Owner/Officer/Director/Member or shareholder with a 10% or more ownership position.

Name	Telephone		
Address	Street	City	Zip Code

Contact Business Licensing by email at Licensing@Michigan.gov or visit www.Michigan.gov/SOS

FEE SCHEDULE

Gross annual revenue is the total amount of money you expect to receive in payment for services or repairs provided before expenses are subtracted.

INCLUDE:

- all parts, labor, and materials you expect to use in performing repairs.
- item such as tires, oil, oil filters, windshield wiper blades, body sheet metal components, batteries, belts, etc.
- labor, even if parts are not used.
- repairs covered by a warranty which reimburses you for parts used and/or labor.

DO NOT INCLUDE:

- parts sold but not installed.
- fuel and lubricants sold over the counter.
- revenue obtained from vehicles not required to be registered and titled such as farm tractors, off road construction equipment, snowmobiles, etc.

When you have found the revenue category which most accurately reflects your anticipated gross annual revenue, place a check in the box next to the fee to be paid. Please be aware that any misleading, incomplete, or false information provided may be grounds for denial of this application.

GROSS ANNUAL REVENUE	FEE	GROSS ANNUAL REVENUE	FEE	GROSS ANNUAL REVENUE	FEE
A. <input type="checkbox"/> Under \$5,000	\$25.00	H. <input type="checkbox"/> \$100,001 to \$120,000	\$200.00	O. <input type="checkbox"/> \$240,001 to \$260,000	\$375.00
B. <input type="checkbox"/> \$5,001 to \$15,000	\$50.00	I. <input type="checkbox"/> \$120,001 to \$140,000	\$225.00	P. <input type="checkbox"/> \$260,001 to \$280,000	\$400.00
C. <input type="checkbox"/> \$15,001 to \$25,000	\$75.00	J. <input type="checkbox"/> \$140,001 to \$160,000	\$250.00	Q. <input type="checkbox"/> \$280,001 to \$300,000	\$425.00
D. <input type="checkbox"/> \$25,001 to \$40,000	\$100.00	K. <input type="checkbox"/> \$160,001 to \$180,000	\$275.00	R. <input type="checkbox"/> \$300,001 to \$320,000	\$450.00
E. <input type="checkbox"/> \$40,001 to \$60,000	\$125.00	L. <input type="checkbox"/> \$180,001 to \$200,000	\$300.00	S. <input type="checkbox"/> \$320,001 to \$340,000	\$475.00
F. <input type="checkbox"/> \$60,001 to \$80,000	\$150.00	M. <input type="checkbox"/> \$200,001 to \$220,000	\$325.00	T. <input type="checkbox"/> Over \$340,000	\$500.00
G. <input type="checkbox"/> \$80,001 to \$100,000	\$175.00	N. <input type="checkbox"/> \$220,001 to \$240,000	\$350.00		

Estimated 1st Year Gross Annual Revenue \$ _____

Enter Fee to be Paid: \$ _____

Make Checks Payable to: STATE OF MICHIGAN

FEES ARE NON-REFUNDABLE

Mail Application and Payment To:

**Michigan Department of State
Business Licensing Section
Lansing, MI 48918**

Yes, this is correct—no street or number is necessary!

24. ARRESTS OR CONVICTIONS - Has any Owner, Partner, Officer, Director, or Member (as listed in item 26) been arrested or convicted of a crime, other than a traffic violation, in Michigan or any other state in the past 10 years?

NO YES

If YES, provide the name of the individual and complete details of all arrests or convictions which took place. Attach an additional sheet if necessary, following the same format.

Name:	Date of Arrest/Conviction:
Location of offense:	Court of record:
Details of Arrest/Conviction: (Include as much detail as possible including statute number and common terminology such as B&E, Fleeing and Eluding, etc.)	

Reach Business Licensing by email at Licensing@Michigan.gov or visit www.Michigan.gov/SOS

25. DOCUMENTS - Copies of all forms and contracts intended to be used with the public in the operation of your facility must be submitted with the application. This includes estimates and invoices at a minimum, but may also include warranties, waivers, contracts, and other documents. Please submit all documents with this application and mark off below which documents are being submitted. See Appendix B, C, D, and E of the Repair Facility Manual for additional information.

- | | | | |
|-----------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> Estimate | <input type="checkbox"/> Warranty | <input type="checkbox"/> Waiver | <input type="checkbox"/> Additional Services Information – This includes pamphlets and handouts used to sell maintenance and other products and services. |
| <input type="checkbox"/> Invoice | <input type="checkbox"/> Contract Language | <input type="checkbox"/> Other _____ | |

26. CERTIFICATION AND AUTHORIZED SIGNATURES

If Individual Ownership (sole proprietor), the owner must sign. If a Sole Proprietor W/Spouse, both must sign. If a Partnership, all partners must sign. If a Limited Liability Company, all members must sign. If a Municipality (or school), an administrator with proper authority must sign. If a Corporation, all corporate officers must sign. For publicly traded or multinational entities, all corporate officers, and directors must be listed but only one officer needs to sign. In all cases, when applicable, owners of 10% or more of the facility must also be included. Resident Agent non-owners must be disclosed.

By signing below, I (we) certify to the truth and accuracy of all statements and representations made in this application, including all statements attached hereto. Further, I (we) 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 (Us) and all other owners of this business, if any. I (we) further agree that this appointment shall remain in force as long as any liability of the business shall remain outstanding within the State of Michigan. I (we) understand that if I (we) do major repairs, I (we) shall employ mechanics certified with the State of Michigan in the categories of repair I (we) offer. I (we) further certify that we have read and understand the requirements of the Motor Vehicle Service and Repair Act [Public Act 300 of 1974] and the Repair Facility Manual. I (we) also understand and agree to maintain all records as required by law for a period of 3 years, or longer if repairs are under investigation.

Any misleading, incomplete, or false statement may be grounds for denial of this application or suspension or revocation of the registration. Failure to notify the Michigan Department of State of material changes may be grounds for suspension or revocation of the registration.

PLEASE PRINT EXCEPT FOR SIGNATURE.

1.) Owner, Partner, Officer, Director, or Member Name		Title	Date of Birth
Signature		Date	
Home Address (Street)	(City/State)	(Zip Code)	Telephone Number
Driver License or State ID Number	State of Issuance	Principal Occupation for Past Five (5) Years	
2.) Owner, Partner, Officer, Director, or Member Name		Title	Date of Birth
Signature		Date	
Home Address (Street)	(City/State)	(Zip Code)	Telephone Number
Driver License or State ID Number	State of Issuance	Principal Occupation for Past Five (5) Years	
3.) Owner, Partner, Officer, Director, or Member Name		Title	Date of Birth
Signature		Date	
Home Address (Street)	(City/State)	(Zip Code)	Telephone Number
Driver License or State ID Number	State of Issuance	Principal Occupation for Past Five (5) Years	
4.) Owner, Partner, Officer, Director, or Member Name		Title	Date of Birth
Signature		Date	
Home Address (Street)	(City/State)	(Zip Code)	Telephone Number
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