

# State of Michigan Motor Vehicle Repair Facility

## Change of Owner, Partner, Officer, Director, Member, or Stockholder Application

This form may be submitted online through e-Services. Go to our website at [www.Michigan.gov/sos](http://www.Michigan.gov/sos) and select online services for more information.  
See Instructions page for detailed information on completing this form.

**NOTE: IF THE BUSINESS ENTITY HAS CHANGED, YOU CANNOT USE THIS FORM. YOU MUST  
SUBMIT A NEW APPLICATION.**

**1. REPAIR FACILITY BUSINESS NAME** (Enter name as it appears on your registration certificate.) **REGISTRATION NUMBER**

Business Name

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**2. BUSINESS LOCATION & CONTACT INFORMATION**

Email

Street

City

County

Zip Code

Phone Number

**3. OWNERS, PARTNERS, CORPORATE OFFICERS & DIRECTORS** (List information for **ALL** owners, partners, corporate officers, and directors. For corporations, include stockholder(s) holding 10% or more of stock issued. For limited liability companies, include all members.)

SEE INSTRUCTIONS PAGE if this is a PUBLICLY TRADED CORPORATION or ANOTHER BUSINESS IS AN OWNER.

Type or print the information for **ALL** persons to be listed on the registration (**both new and continuing**). Attach additional sheet(s) if necessary.

1) Full Legal Name	Home Address: Street	City/State	Zip Code
Home Telephone	Date of Birth	Driver License Number	
Principal Occupation for Past Five (5) Years			
2) Full Legal Name	Home Address: Street	City/State	Zip Code
Home Telephone	Date of Birth	Driver License Number	
Principal Occupation for Past Five (5) Years			
3) Full Legal Name	Home Address: Street	City/State	Zip Code
Home Telephone	Date of Birth	Driver License Number	
Principal Occupation for Past Five (5) Years			
4) Full Legal Name	Home Address: Street	City/State	Zip Code
Home Telephone	Date of Birth	Driver License Number	
Principal Occupation for Past Five (5) Years			

**Complete Sections 4 and 5 only as they relate to NEW applicants listed above.**

**4. PREVIOUS REPAIR FACILITY REGISTRATION(S)**

Have any of the **NEW** applicants listed in Section 3 ever owned or participated in any repair facility?  NO  YES

If 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

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**5. ARRESTS OR CONVICTIONS**

Have any of the **NEW** applicants listed in Section 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Arrest(s) or Conviction(s): \_\_\_\_\_

\_\_\_\_\_

Court(s) of Record: \_\_\_\_\_

City and State: \_\_\_\_\_

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**6. CERTIFICATION (All persons listed in Section 3 must sign)**

I certify that the statements contained in this application are true and I, as an officer, director, or stockholder of the corporation, have authority to sign this application and to make the statements contained herein. I understand that any misleading, incomplete, or false statement shall be grounds for denial of this application or the suspension or revocation of my registration.

I 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 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

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**7. REMOVED OFFICERS (All individuals being removed **must** sign) Attach additional sheet(s) if necessary.**

I acknowledge that my name is to be removed from this repair facility registration.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Return this form via: Email: [Licensing@michigan.gov](mailto:Licensing@michigan.gov)

Mail: Business Licensing Section, 430 W Allegan St., Lansing, Michigan, 48918

**(Please allow up to 30 days for processing)**

# Change of Owner, Officer, Director, Member or Stockholder Application (Form AR-0175)

## Instructions

Any owner, officer, partner, or member changes to a Corporation, LLC, or Partnership must be filed with the proper regulatory agency prior to submission of this form. For Michigan based companies, this is the Department of Licensing and Regulatory Affairs, Corporations Division (517-241-6470).

Any Corporation, LLC, or Partnership **that is also licensed as a Michigan Automobile Dealer** and is adding an Owner/Officer **MUST** submit Form AR-0069, Dealer Corporate Officer Change Application in lieu of this form.

If a **corporation, limited liability company, or partnership was listed in section 3**, attach a separate list of every owner, partner, officer, director, member, and/or stockholder(s) holding 10% or more of stock issued.

**Publicly traded corporations** must submit a separate sheet showing all officers and directors. Any officers or directors that are Michigan residents must be listed in Section 3 with complete information. If there are no officers or directors who are Michigan residents, at least one director must complete Section 3.

1. Provide the Repair Facility Name as it appears on your Facility Registration Certificate.
2. Provide the Business Location, Telephone Number, and Email Address.
3. Provide the names of all Owners, Corporate Officers, and Directors. List all stockholders owning more than 10% of the company (both new and continuing). Omit those being removed. Add an additional sheet if necessary.
4. Answer "Yes" or "No" if any new applicants have owned or participated in a prior repair facility in Michigan. If "Yes", list the applicant's name, business name, registration number, and last year the facility was registered.
5. Complete the Arrest or Conviction Section for all new applicants and **provide details** for any "Yes" answers.
6. All Officers, Directors, and Stockholders listed in Section 3 must sign and date the form.
7. Any removed officers must complete Section 7.

**Send this completed form to the Business Licensing Section via:**

Email: [Licensing@michigan.gov](mailto:Licensing@michigan.gov)

Mail: **Business Licensing Section, 430 W Allegan St, Lansing Michigan, 48918**

*For faster service, utilize the e-Services online system found at [www.Michigan.gov/sos](http://www.Michigan.gov/sos)*