



STATE OF MICHIGAN  
DEPARTMENT OF STATE  
LANSING

**DEALER CORPORATE OFFICER CHANGE APPLICATION**  
Instructions

1. **Please complete all items.** Note: Item 6 must list *all current* owners, partners, or officers, including new applicants. Item 9 must be signed by *all current* owners, partners, or officers, including new applicants. Items 7 and 8 must be completed for each new applicant.
2. Submit a Rider for Vehicle Dealer Surety Bond (applies only to partnerships and to individual ownerships when adding a spouse). A bond rider listing all current owners or partners and showing the correct assumed name (d/b/a) and business address must be submitted.
3. Complete a new assumed name filing (applies only to partnerships and individual ownerships when adding a spouse). A new assumed name or d/b/a filing listing all current owners or partners and showing the correct business address must be submitted. The assumed name filing must be obtained from the County Clerk for the county in which your dealership is located.
4. Each new applicant listed in Item 6 on the application must be **fingerprinted**. Fingerprints are taken by appointment only. To see information, options and to schedule an appointment, you must go to the Identogo website for Michigan and choose the appropriate link. Use the link below to go to this page.

[Identogo Michigan Fingerprinting & Enrollment Services](#)

You will need the Agency ID from our RI-030 Live Scan form (included in this packet) to search in the Identogo website. Be sure to take the form with you when you are printed so it can be completed by the Live Scan agency.

Please note that we no longer accept physical hard copies of fingerprints in our office. Any hard copies submitted to our office will be destroyed and you will have to be re-printed. There is an option to submit hard copies of prints to Identogo for processing; follow the above Identogo link for instructions on how to submit them.

All fees associated with fingerprinting will be collected by the Live Scan agency. They will provide you with a completed RI-030 form to submit with your completed *Dealer Corporate Officer Change Application*.

Please complete the application carefully and return with a copy of the fingerprint receipt, RI-030 form, bond rider and assumed name filing, if applicable. Please remember that the owners/partners names, business name and business address must be exactly the same on the application, bond rider and assumed name filing.

RETURN TO: Michigan Department of State  
Business Licensing Section  
Lansing, MI 48918

Questions? Contact the Business Licensing Section at [Licensing@michigan.gov](mailto:Licensing@michigan.gov)  
or call 1-888-SOS-MICH (1-888-767-6424)



8. **APPLICANT HISTORY – NEW APPLICANTS -- CONTINUED**

D. Within the past 5 years, has any new applicant listed in Item 6 been employed as an **AGENT FOR ANY DEALER** in Michigan or any other state?

NO  YES If YES, complete the following (attach additional sheets if necessary):

|   |   |
|---|---|
| APPLICANT NAME                          | APPLICANT NAME                          |
| DEALERSHIP NAME                         | DEALERSHIP NAME                         |
| JOB TITLE                               | JOB TITLE                               |
| DATES EMPLOYED<br>From: _____ To: _____ | DATES EMPLOYED<br>From: _____ To: _____ |

E. Is any new applicant listed in Item 6 **RELATED BY BIRTH OR MARRIAGE** to a currently or previously licensed Michigan vehicle dealer, salvage vehicle agent, or broker?

NO  YES If YES, complete the following (attach additional sheets if necessary):

|                                 |                                 |
|---------------------------------|---------------------------------|
| APPLICANT NAME                  | APPLICANT NAME                  |
| LICENSED DEALER NAME            | LICENSED DEALER NAME            |
| RELATIONSHIP TO LICENSED DEALER | RELATIONSHIP TO LICENSED DEALER |
| DEALERSHIP NAME                 | DEALERSHIP NAME                 |
| DEALER LICENSE #                | DEALER LICENSE #                |
| DEALERSHIP ADDRESS              | DEALERSHIP ADDRESS              |

F. **5- YEAR EMPLOYMENT HISTORY – NEW APPLICANTS**

For each new applicant listed in Item 6, please complete the employment history information below. Attach additional sheets if necessary. If self-employed – list name, business address and type of business. If unemployed – list name and dates of unemployment

|  |  |
|--|--|
| APPLICANT NAME   | APPLICANT NAME   |
| EMPLOYER NAME  | EMPLOYER NAME  |
| EMPLOYER ADDRESS   | EMPLOYER ADDRESS   |
| JOB TITLE (if self-employed or unemployed, indicate that here) | JOB TITLE (if self-employed or unemployed, indicate that here) |
| DATES EMPLOYED<br>From: _____ To: _____                        | DATES EMPLOYED<br>From: _____ To: _____                        |

9. **SIGNATURES AND CERTIFICATIONS – ALL APPLICANTS IN ITEM 6 MUST SIGN BELOW**

I/we certify that the statements contained in this application are true. I/we as owner(s), partner(s), officer(s) or director(s) of the corporation have the authority to sign this application.

I/we understand that any misleading, incomplete, or false statements may be grounds for denial of this application or suspension or revocation of the dealer license issued.

I/we hereby grant the licensing authority in any state or jurisdiction listed in items 8B, 8C, and 8D the authority to release information to the Secretary of State or his/her deputies regarding any previous license applications, licensing history, and disciplinary actions or sanctions.

I/we certify that the persons named on this license are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this license.

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. I/we agree that this appointment shall remain in force as any liability of this business remains outstanding within the State of Michigan.

|              |           |       |      |
|--------------|-----------|-------|------|
| Printed Name | Signature | Title | Date |
| Printed Name | Signature | Title | Date |
| Printed Name | Signature | Title | Date |
| Printed Name | Signature | Title | Date |

RETURN TO: MICHIGAN DEPARTMENT OF STATE  
BUSINESS LICENSING SECTION  
LANSING, MI 48918

ALLOW 30 DAYS FROM RECEIPT OF A COMPLETED  
APPLICATION FOR PROCESSING

**AUTHORITY:** MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273  
**COMPLIANCE:** Voluntary. However, failure to complete this form will result in denial of request.

## LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

**Purpose:** To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.  
**Instructions:** See page two.

| <b>I. Authorizing Information</b>   |  |   |                |                                       |                                      |                        |                |
|---|--|---|----------------|---------------------------------------|--------------------------------------|------------------------|----------------|
| 1. Fingerprint Reason Code<br><b>AR</b>   | 2. Requestor/Agency ID<br><b>1340A</b> | 3. Agency Name<br><b>Michigan Department of State</b> |                |                                       | 4. Individual ID (MNU-OA)            |                        |                |
| <b>II. Applicant Information:</b> Type or clearly print answers in all fields before going to be fingerprinted.   |  |   |                |                                       |                                      |                        |                |
| 1a. Last Name   |  |   | 1b. First Name |                                       |                                      | 1c. Middle Initial     | 1d. Suffix     |
| 2. Any Alternative Names, Last Names, or Aliases  |  |   |                |                                       | 3. Social Security Number (Optional) |                        |                |
| 4. Place of Birth (State or Country)  | 5. Date of Birth                       | 6. Phone Number                                       |                | 7. Driver's License / State ID Number |                                      | 8. Issuing State       |                |
| 9. Home Address   |  |   | 10. City       |                                       |                                      | 11. State              | 12. ZIP Code   |
| 13. Sex   | 14. Race                               | 15. Height  | 16. Weight     |                                       | 17. Eye Color                        |                        | 18. Hair Color |
| <b>III. Live Scan Information</b>   |  |   |                |                                       |                                      |                        |                |
| 1. Date Printed   |  | 2. Picture ID Type Presented                          |                | 3. Transaction Control Number (TCN)   |                                      | 4. Live Scan Operator* |                |
| * When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.  |  |   |                |                                       |                                      |                        |                |
| <b>IV. Privacy Act Statement</b>  |  |   |                |                                       |                                      |                        |                |
| <p><b>Authority:</b> Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p><b>Principal Purpose:</b> Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p><b>Routine Uses:</b> During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p> |  |   |                |                                       |                                      |                        |                |
| <b>V. Procedure to Obtain a Change, Correction, or Update of Identification Records</b>   |  |   |                |                                       |                                      |                        |                |
| <p>If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)</p>   |  |   |                |                                       |                                      |                        |                |
| <b>VI. Consent</b>  |  |   |                |                                       |                                      |                        |                |
| <p>I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.</p>  |  |   |                |                                       |                                      |                        |                |
| Signature:  |  |   |                |                                       |                                      | Date:                  |                |

## INSTRUCTIONS

### Section I:

#### Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

**1. Fingerprint Code:**

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

**2. Requesting Agency Identification (ID):**

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

**3. Agency Name:**

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

**4. Individual ID (MNU-OA)**

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

### Section II:

#### Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

### Section III:

#### Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.