DEPARTMENT USE ONLY

APPLICATION FOR MOTOR VEHICLE SPECIALTY or MASTER MECHANIC CERTIFICATION Please read instructions on back before completing. Please TYPE or PRINT							CERTIFICATION NUMBER				
							APPROVED BY			DATE	
. NAME	(First)	(Mid	dle)	(Last)		2. BIR	TH DATE	(Month)	(Day)	(Year)	
. HOME ADDR	ESS (S	Street)	(City)		(Co	unty)		(State)		(Zip)	
. CONTACT TE	ELEPHONE #	5. DRIVER LICE	NSE OR ID NU	MBER	6. EMAIL A	DDRESS		7. SOCI	AL SECURI ⁻	TY NUMBER	
. A. Circle the	highest school	grade completed:	8 or under	9 10 1	1 12	GED	Colleg	je: 1 2	3 4		
B. Number of	f <u>months</u> of vel	nicle mechanic edu	cation or training	g you have	received:						
C. Number of	of <u>years</u> you ha	ve been employed a	as a motor vehi	cle mechani	c:						
D. States/jur	isdictions wher	e you are presently	licensed or cer	tified as a m	otor vehicle r	nechanic:					
. CHECK THE	REPAIR CATE	GORIES IN WHICH	HYOU HAVE P	ASSED TES	STS AND ARI	E APPLYI	NG FOR M	ECHANIC CE	RTIFICATIC	N.	
В. С. Д. Е. F. G. Н.	 Engine Re Automatic Manual Ti Front End Brakes ar Electrical Heating a Engine Tu Pre-1973 Unitized E 	Transmission ransmission, Front , Suspension and S d Braking Systems Systems nd Air Conditioning une-Up/Performanc	and Rear Drive Steering System e air	Axle s		P. Q. R. S. U. V. V.	ucks (Vehic All Truck I Engine Re Drive Trai Brakes ar Suspensic Electrical	nal Trailer Cles 14,000# (Repairs Q thro epair - Gasolir epair - Diesel n n d Braking Sys on and Steerir Systems	ough V (Mas le stems og Systems	ter Certification	
	? □ NO □	YES If your a	nswer is YES, g an additional she	ive complet	e details of al			-	-		
Date of Arre	st(s) or Convict	ion(s):									
Court(s):					City and Sta	ate:					
		JST ACCOMPANY to STATE OF I					ER MECHA	NIC CERTIFI	CATION. EI	nclose a check	
	, ,		MICHIGA BUSINES	N DEPART	MENT OF ST	ATE					

I certify to the truth and accuracy of representations made in this application, including all statements attached hereto, and further agree that any legal process affecting me served on the Secretary of State or his/her deputies shall have the same effect as if personally served on me, and hereby authorize the release of all criminal history information that pertains to me on file with the Michigan State Police or at any court of record. Any misleading, incomplete, or false statement may be grounds for revocation, suspension, or denial of certification as a Michigan motor vehicle mechanic.

Signature

Date

INSTRUCTIONS FOR COMPLETING APPLICATION PRINT OR TYPE ALL INFORMATION

Item 1......Enter your first, middle, and last names.

- Item 2.....Enter your birth date.
- Item 3.....Enter your home address.
- Item 4.....Enter your contact telephone number.
- Item 5.....Enter your driver license or State of Michigan ID number.
- Item 6.....Enter your email address.
- Item 7.....Enter your Social Security Number (SSN)
- Item 8......A. Circle the highest grade you completed in school.
 - B. Enter the number of months of education or training you have received in motor vehicle service and repair while attending high school, trade or technical schools, or college.
 - C. Enter the number of years that you have been employed as a motor vehicle mechanic for compensation. (NOTE: THERE IS NO MINIMUM EXPERIENCE REQUIREMENT FOR MICHIGAN CERTIFICATION.)
 - D. If you are presently licensed or certified to work as a motor vehicle mechanic, please list the states or jurisdictions which issued your license or certification.
- Item 9.....Check the repair categories in which you have passed tests and are applying for mechanic certification. NOTE: For instructions to submit your ASEs please go to <u>https://www.michigan.gov/sos/industry-</u><u>services/mechanics</u> and expand the "ASE Certification" item under "Certification."
- Item 10.....You must indicate whether you have been arrested or convicted of a crime within the past 10 years. If so, you must provide complete details of each arrest and conviction.
- Item 11.....THE FEE FOR SPECIALTY OR MASTER MOTOR VEHICLE MECHANIC CERTIFICATION IS \$25.00. Make check or money order payable to STATE OF MICHIGAN. Applications without the \$25.00 fee will be returned.
- Item 12.....You must sign the application attesting to the best of your knowledge and belief that the information presented on the application form is true, correct, and complete, and authorizing the Department of State to obtain criminal history information from the Michigan State Police.

AFTER YOU HAVE COMPLETED THE APPLICATION, ENCLOSE CHECK OR MONEY ORDER AND MAIL TO:

Michigan Department of State Business Licensing Section Lansing, MI 48918

REMINDER: If you perform motor vehicle repairs part-time, evenings, or in addition to a full-time job as a mechanic at any place other than a registered repair facility, you must obtain a repair facility registration if you intend to be paid for your work. You may apply for a facility registration online or through a paper application. Visit www.michigan.gov/sos for more information.

Questions? Contact the Business Licensing Section: By phone: 1-888-SOS-MICH (1-888-767-6424) By email: Licensing@michigan.gov