

LICENSE REQUIREMENTS AND APPLICATION INSTRUCTIONS AND CHECKLIST

Check Off To Ensure Complete Packet Submitted

- APPLICATION FOR COLLECTION AGENCY LICENSE
- APPLICATION FOR COLLECTION AGENCY MANAGER

The licensed collection agency manager is the person responsible for the operation of the agency, and each agency must be under the personal supervision of a licensed manager. A licensed manager cannot supervise more than one office. An applicant for a collection agency manager's license is required to take a written examination, given in Michigan.

Depending upon the structure of your business, you will need to furnish these documents (photocopies are acceptable) with your application(s) and fee(s):

IN STATE AGENCIES:

- AGENCY OWNER/PROPRIETOR** - Certificate of Assumed Name (D.B.A.)
 - If the Collection Agency will be doing business under a name other than the owner's, sole proprietors obtain this assumed name certificate (commonly called a "D.B.A.") from your local County Clerk's Office.
- CORPORATIONS AND LIMITED LIABILITY COMPANIES**
 - Michigan Corporation Identification Number.
 - Certificate of Assumed Name (D.B.A.), if you will be doing business under a name different from the name of the corporation/llc.
 - These may be obtained by contacting the Michigan Department of Energy, Labor & Economic Growth, Bureau of Commercial Services, Corporation Division; P.O. Box 30222; Lansing, MI 48909, 517-241-6470, www.michigan.gov/corporations.
- PARTNERSHIP** - Certificate of Co-Partnership
 - The Certificate must include names, addresses, and signatures of all partners.
 - The Certificate may be obtained from your local County Clerk's office.
 - If partnership has a dba, include that document with the application.

OUT-OF-STATE AGENCIES:

- A Certificate of Authority to Transact Business in Michigan (Bureau of Commercial Services, Corporation Division 517-241-6470; www.michigan.gov/corporations)
- An irrevocable Consent to Service of Process (BCS/LBL-900) for both manager and agency.

Additional Requirements for Licensure:

- COLLECTION AGENCY SURETY BOND** (original signed bond with certificate of power-of-attorney attached)
 - Agency applicants must obtain a surety bond, on the Department's form, in the amount of \$5,000 for the first year of operation. The amount of the required bond for subsequent years will be based on the amount of average monthly business as reported on the Annual Report of Business and Operations, which must be filed with the Department before May 16. If your annual report indicates that the bond needs to be increased, notify your Surety company to raise the bond. Proof of the required bond must be submitted to the Department by the Surety company. If a bond is canceled, it is the agency's responsibility to maintain continuous coverage and provide proof.
 - A repossession agency seeking a license in Michigan must obtain a surety bond in the amount of \$10,000 for the first year of operation. If the Annual Report indicates that the bond needs to be increased, notify your Surety Company to raise the bond. Proof of the required bond must be submitted to the Department by the Surety company. Cash bonds are acceptable - contact the Department for the cash bond form.
- DEBT COLLECTOR'S ASSUMED NAME REGISTRATION FORM**
 - An employee who is using a name other than the employee's own name must register the assumed name with the Department. If no aliases are used by collectors, please state that on the form and submit.

CREDIT INFORMATION

- The Department will obtain and review credit information in accordance with the Fair Credit Reporting Act or the agency manager and all principals of the agency. Applicants may be asked to clarify items which could have an impact on whether a license can be issued.

FINANCIAL STATEMENT FOR COMPANIES

- Submit most recent Financial Statements (Balance Sheet and Income Statement) of any company owning stock in the applicant agency.

TRUST ACCOUNT

- The applicant agency shall maintain a separate trust account for Michigan clients. The trust account shall be identified and distinguished from the collection agency's personal or general checking or other depository account and shall be designated as a Michigan trust account. All money collected shall be deposited within 3 banking days after receipt.

IMPORTANT NOTE

It is unlawful to operate a collection or repossession agency without a bond. In the event a bond is canceled or not renewed, to insure continued operation, the agency must obtain replacement coverage, supply the Department with a new bond, or post a cash bond in the appropriate amount.

CHANGES IN AGENCY INFORMATION

- Any change in ownership, corporate structure, partnership, name, or address must be furnished in writing to the Department of Energy, Labor & Economic Growth within 30 days.
- There is a \$10.00 fee for each license that needs to be reissued as a result of a change.
- A bond rider is required for a change in the business name or address.
- An irrevocable consent to Service of Process (BCS/LBL-900) is required for a change in the business name and address for all out-of-state agencies.
- Loss of agency manager: the agency has 30 days to obtain a new manager and submit an application for manager's license to the Department.
- Request for Record Change form (BCS/LCA-800) available on web at: www.michigan.gov/collections

RENEWAL INFORMATION

- Collection agency and collection agency manager licenses expire annually on June 30.
- Agency renewal: \$125.00
- Non-owner manager: \$50.00

BRANCH OFFICE REQUIREMENTS

- A collection agency license and licensed manager is required for each place of business.
- A collection agency manager shall not personally supervise more than 1 office.

RESIDENT OFFICE REQUIREMENTS FOR OUT-OF-STATE APPLICANTS

- Not required under state law.

EXPRESS/OVERNIGHT ADDRESS

Department of Energy, Labor & Economic Growth
State Secondary Complex
7150 Harris Dr.
3rd Floor, B-Wing
Lansing, MI 48913

If you have questions about the application process, contact the Department at 517-373-7353 or visit our website at www.michigan.gov/collections for assistance.

Michigan Department of Energy, Labor & Economic Growth

Bureau of Commercial Services - Licensing Division

COLLECTION AGENCY LICENSING

P.O. Box 30018, Lansing, MI 48909

517-373-7353

www.michigan.gov/collections

COLLECTION AGENCY LICENSE APPLICATION

AUTHORITY: P.A. 299 of 1980, as amended

COMPLETION: Mandatory

PENALTY: Failure to complete may result in denial of your application

SECTION 1 - General Applicant Information - TYPE OR PRINT RESPONSES IN BLACK INK

Name of Applicant			Collection Agency Permanent I.D. #, if relicensing 2401-	
D/B/A name, if applicable (Attach the filed, date-stamped Certificate of Assumed Name issued by the Corporation Division or County Clerk's Office)			Federal Employer I.D. Number	
Address (Number, Street - Do Not Use a PO Box Only)			Michigan Corporate ID Number	
City	State	ZIP	Daytime Telephone Number ()	
Name of Manager (Last, First, Middle)		<input type="checkbox"/> Owner - Manager <input type="checkbox"/> Non-Owner	Date of Birth	Social Security Number
Address (Number, Street,)			City	
State	ZIP	Home Telephone Number ()	E-mail Address	

FEE PAYMENT INFORMATION (Check One)**FOR OFFICE USE ONLY - VALIDATION**

- New License Fee - \$225.00 2401-01
- Relicensure Fee - \$245.00 2401-06
(license has been expired/lapsed more than 60 days after the June 30 expiration)
- Reinstatement Fee - \$100.00 2401-50
(license has been revoked by the Department/Board and you wish a new application to be considered.)

\$100.00 OF EACH FEE IS NON-REFUNDABLE**CHECK TYPE OF OWNERSHIP**

- Individual
- Partnership
- Corporation or LLC

CHECK TYPE OF AGENCY

- Collection -- A \$5,000 Surety or Cash Bond is required
- Repossession -- A \$10,000 Surety or Cash Bond is required

Make your check or money order from a U.S. Financial Institution payable to:

STATE OF MICHIGAN - COLLECTION AGENCY

FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.

SECTION 2- If Sole Proprietorship, give individual's information. If Partnership, Corporation or LLC (Limited Liability Company), include all partners, Officers, Members, Directors, or Shareholder holding 10% or more stock. Attach additional sheets if necessary.

Name (Last, First, Middle)		Social Security Number
Address (Number, Street, City, State and ZIP - Do Not Use a PO Box Only)		Percentage of Corporate Stock
Is this person a current Michigan Collection Agency Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide I.D. # 24-02-	Title
Name (Last, First, Middle)		Social Security Number
Address (Number, Street, City, State and ZIP - Do Not Use a PO Box Only)		Percentage of Corporate Stock
Is this person a current Michigan Collection Agency Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide I.D. # 24-02-	Title
Name (Last, First, Middle)		Social Security Number
Address (Number, Street, City, State and ZIP - Do Not Use a PO Box Only)		Percentage of Corporate Stock
Is this person a current Michigan Collection Agency Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide I.D. # 24-02-	Title

SECTION 3 - Background Information -- Please check appropriate box and provide details where requested:

Has the applicant or any member named in the Application ever held a Michigan Collection Agency License?
 Yes - Give dates and name of person licensed. No

Has the applicant or any member named in the Application held a Collection Agency license in any other state?
 Yes - Give dates, states and name of person licensed. No
By signing this application you are attesting that this company is in good standing in each state in which they currently hold or have ever held a collection agency license.

Has the applicant or any member named in the Application been convicted of a felony or misdemeanor for which they could have gone to jail?
 Yes - If yes, please download the "Request for Conviction History" form under Applicant Information at the web address: www.michigan.gov/collections. Complete and attach the form to your application. If the form is not included with your application, the Department will contact you later. Your application will not be processed until the Department received the completed form. No

Has the applicant or any member named in the Application ever had disciplinary action taken against any license, registration or permit now held or that has ever been held? (suspension, revocation, denial, etc.)
 Yes - If yes, please download the "Request for Disciplinary Action Information" form under Applicant Information at the web address: www.michigan.gov/collections. Complete and attach the form to your application. If the form is not included with your application, the Department will contact you later. Your application will not be processed until the Department received the completed form. No

Has the applicant or any owner named in the Application ever used another name?
 Yes - Explain: No

SECTION 4- Certification and Signatures - This portion MUST be properly signed before your application for licensure will be processed.

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Michigan Department of Energy, Labor & Economic Growth and its agents to examine the books and records and check civil, criminal, and administrative records at the discretion of the Department.

For Individual Applicant (Sole Proprietor)	{	Individual Name
	{	Assumed Name (d/b/a)
For Corporation, LLC or Co-Partnership	{	By _____ Officer, Member, Partner or Manager of LLC
	{	By _____ Officer, Member, Partner or Manager of LLC
	{	By _____ Officer, Member, Partner or Manager of LLC
	{	By _____ Officer, Member, Partner or Manager of LLC

Michigan Department of Energy, Labor & Economic Growth
Bureau of Commercial Services - Licensing Division
COLLECTION AGENCY LICENSING
P.O. Box 30018, Lansing, MI 48909
517-373-7353; Fax: 517-373-1044
www.michigan.gov/collections

FOR OFFICE USE ONLY	
Date of Exam	Date of Issuance
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	I.D. Number

COLLECTION AGENCY MANAGER LICENSE APPLICATION

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

APPLICANT INSTRUCTION AND INFORMATION:

1. Please print in black ink or type your responses.
2. The Department will obtain and review credit information in accordance with the Fair Credit Reporting Act for the agency Owner/Manager and all principals of the agency. Applicants may be asked to clarify items which could have an impact on whether a license can be issued.
3. All out-of-state applicants must fill out a Consent to Service of Process form. Form can be downloaded at: www.mi.gov/collections.
4. Examinations are administered by PSI Service, LLC. When the application is approved, the Department will notify you to register for the exam at: www.psiexams.com.
5. All licenses expire on June 30th, annually.

SECTION 1 - GENERAL APPLICATION INFORMATION - Type or print responses in black ink

Applicant's Name (Last, First, Middle)		Permanent ID Number if Applying for Relicensure	
Applicant's Home Address (Street, City, State, ZIP) NO PO BOX		Date of Birth	% of Stock Held
Social Security Number	Daytime Telephone Number ()	Applicant E-mail Address	
Name of Collection Agency	Name of Agency Owner or President	If currently licensed: Agency Permanent ID#	
Complete Address of Collection Agency (Street, City, State, ZIP) NO PO Box			
Signature of Agency Owner or President			

SECTION 2 - MANAGER INFORMATION (Check One)

- Owner-manager: Complete for Information Only
 Principal Manager
 Principal Manager Replacing: _____
 Back-Up Manager

FEE PAYMENT INFORMATION (Check Appropriate Box)

- | | | |
|--|---------------|---------|
| <input type="checkbox"/> NON-OWNER MANAGER LICENSE | Fee: \$ 85.00 | 2402-01 |
| <input type="checkbox"/> OWNER MANAGER - INFORMATION ONLY | No Fee | |
| <input type="checkbox"/> NON-OWNER MANAGER RELICENSURE
(License has been expired/lapsed more than 60 days
after June 30 expiration date) | Fee: \$105.00 | 2402-06 |

\$35.00 OF EACH LICENSE FEE IS NON-REFUNDABLE

Make your check or money order from a U.S. Financial Institution payable to:
STATE OF MICHIGAN - COLLECTION AGENCY

FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979,
AS AMENDED AND R338.943 AND R338.944.

FOR OFFICE USE ONLY - VALIDATION

SECTION 3 - BACKGROUND INFORMATION - Please check appropriate box and provide details where requested

Have you ever been convicted of a felony or misdemeanor for which you could have gone to jail?

Yes - If yes, please download the "Request for Conviction History" form under Applicant Information at the web address: www.michigan.gov/collections. Complete and attach the form to your application. If the form is not included with your application, the Department will contact you later. Your application will not be processed until the Department receives the completed form. No

Have you ever had disciplinary action taken against any license, registration or permit you now hold or have ever held? (Includes but is not limited to final orders, suspension, revocation, denial, etc.)

Yes - If yes, please download the "Request for Disciplinary Action Information" form under Applicant Information at the web address: www.michigan.gov/collections. Complete and attached the form to your application. If the form is not included with your application, the Department will contact you later. Your application will not be processed until the Department receives the completed form. No

Have you ever held a collection agency manager or owner/manager license in any other state(s)? If yes, please list all states in which you have ever held or currently hold a collection agency or manager license. By signing this application, you are attesting that this manager is in good standing in each state in which he/she currently holds or have held a collection manager license.

Yes States: _____ No

Relicensure Applicants: If you have ever held a Michigan license as an owner-manager or manager of a collection agency, you must apply for relicensure. Have you ever used another name under which records may be filed? If yes, please provide:

Yes Previous license information or other name used: _____ No

Please indicate the level of of education achieved by checking the box below:

High School GED College

SECTION 4 - VERIFICATION OF EXPERIENCE (Attach Additional Sheets as Necessary)

1a. **COLLECTION EXPERIENCE:** Section 911(B) and Rule 5 state collection agency owners or managers must have at least 6 months of full-time experience in the collection of accounts. Do you meet this requirement? (If applying for a license to repossess, go to question #2.)

Yes No

1b. The 1,000 hours must be earned through experience which includes collection of debts and property from consumers or debtors AND through employment with a licensed collection agency or the credit or collection department of a business or financial institution engaged in collecting debts on its own behalf. (see Rule 5 for further detail.) List collection agency/agencies where you gained experience:

Name of Agency	From(date) _____ to _____	Hours:
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Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone number ()
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Name of Agency	From(date) _____ to _____	Hours:
----------------	---------------------------	--------

Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone number ()
----------------	---------------------------------

Name of Agency	From(date) _____ to _____	Hours:
----------------	---------------------------	--------

Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone number ()
----------------	---------------------------------

Name of Agency	From(date) _____ to _____	Hours:
----------------	---------------------------	--------

Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone number ()
----------------	---------------------------------

Name of Agency	From(date) _____ to _____	Hours:
----------------	---------------------------	--------

Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone number ()
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2a. **REPOSSESSION EXPERIENCE:** Section 901 (b) and Rule 5 define a collection agency as "...a person directly...repossessing or attempting to repossess a thing of value.." Have you met the six month experience requirement in repossessing?

Yes

No

2b. The 1,000 hours must be earned through experience which includes collection of debts and property from consumers or debtors AND through employment with a licensed collection agency or the credit or collection department of a business or financial institution engaged in collecting debts on its own behalf. (see Rule 5 for further detail.) List collection agency/agencies where you gained experience:

Name of Agency	From(date) _____ to _____	Hours:
----------------	---------------------------	--------

Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone Number ()
----------------	---------------------------------

Name of Agency	From(date) _____ to _____	Hours:
----------------	---------------------------	--------

Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone Number ()
----------------	---------------------------------

Name of Agency	From(date) _____ to _____	Hours:
----------------	---------------------------	--------

Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone number ()
----------------	---------------------------------

Name of Agency	From(date) _____ to _____	Hours:
----------------	---------------------------	--------

Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone number ()
----------------	---------------------------------

Name of Agency	From(date) _____ to _____	Hours:
----------------	---------------------------	--------

Complete Mailing Address (No PO Box)

Contact Person	Daytime Telephone number ()
----------------	---------------------------------

SECTION 5 - Applicant's Certification

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be mad on this application. I am aware that a false statement or dishonest answer may be grounds for denial of may application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Energy, Labor & Economic Growth and its agents to investigate any statements made by me in application, including checking criminal, civil and administrative records. I further authorize the Department or its agents to examine by books and records at the Department's discretion.

Applicant's Signature

Date

Michigan Department of Labor & Economic Growth
 Bureau of Commercial Services
 Licensing Division
 COLLECTION AGENCY LICENSING
 P.O. Box 30018, Lansing, MI 48909
 517-241-9234
 517-241-9280 Fax
 www.michigan.gov/commerciallicensing

DEBT COLLECTOR'S ASSUMED NAME REGISTRATION

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

Section 915a(o) of the Occupational Code (P.A. 299 of 1980, as amended) permits debt collectors to use an assumed name (fictitious or desk name) in the collection of debts. This name, additional names, or any change to an assumed name must be registered with the Department. Please complete this form and return it to the address above. If no aliases are used by your collectors, state that on this form and submit to the Department.

DEBT COLLECTOR'S DATA

1. Collector's Name		
2. Street Address		
3. City	4. State	5. Zip Code
6. Home Telephone Number ()	7. Assumed Name(s) Used	
8. Date Hired	9. Date Terminated	
1. Collector's Name		
2. Street Address		
3. City	4. State	5. Zip Code
6. Home Telephone Number ()	7. Assumed Name(s) Used	
8. Date Hired	9. Date Terminated	

You May Attach Additional Sheets If Needed

COLLECTION AGENCY DATA

10. Agency Name	11. Permanent ID # 24-01-
12. Street Address	
13. City	14. State
15. Zip Code	
16. Signature of Manager or Owner/Manager	17. Date
18. Title	19. Business Telephone ()

Please return this form to the Department at the address shown above.

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
Licensing Division
COLLECTION AGENCY LICENSING
P.O. Box 30018, Lansing, MI 48909
517-241-9234
www.michigan.gov/collectionagencylicensing

Bond No.:

Effective Date:

COLLECTION AGENCY SURETY BOND

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

Know All Persons By These Presents, That _____
a sole proprietor or partnership doing business as _____,
or _____ a Corporation or Limited Liability
Company doing business as _____ with its
office located at _____ in the State of _____
City of _____ County of _____ and the State of Michigan,
as principal and _____, a surety
company duly authorized and existing under and by virtue of the laws of the state of _____ with its principal office at
_____, and admitted to do business in the State of Michigan, as surety, are held
and firmly bound unto the State of Michigan and persons damaged by the principal's failure to satisfy its responsibilities as set
forth in the condition hereof in the sum of \$ _____ to the payment whereof, the above parties truly bind
themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, and each of them, firmly by
these presents.

WHEREAS, the principal desires to act as a collection agency licensed by the State of Michigan under The Occupational Code,
Public Act 299 of 1980, as amended, and

WHEREAS, Public Act 299 of 1980, as amended, requires each collection agency licensee thereunder to file and maintain in
force a corporate surety or cash bond conditioned upon the faithful accounting of all moneys collected upon accounts entrusted
to the licensee in a form prescribed by the Michigan Department of Labor & Economic Growth for the benefit of all persons
damaged by the wrongful taking of money collected by the agency, or licensee, or failure of the licensee to report or remit
proceeds of collections made; and

WHEREAS, this corporate surety is executed pursuant to and for the purposes set forth in Public Act 299 of 1980, as amended;
and

WHEREAS, the above parties agreed that the Michigan Department of Labor & Economic Growth will rely hereon if said
Department issues a collection agency license to the principal; and

WHEREAS, the above parties agree that this corporate surety shall be effective upon approval hereof by the Department and in
no event later than the time at which a collection agency license is issued to the principal; and

WHEREAS, the above parties agree that this bond may not lapse or be canceled prior to thirty (30) days after the surety gives
the Department of Labor & Economic Growth written notice of such lapse or cancellation and that the surety shall remain liable
for any breach of condition occurring up to the effective date of cancellation.

NOW, THEREFORE, the condition of this obligation is that if the above named principal fails to faithfully account for all moneys
collected upon accounts entrusted to the principal or if the principal fails to report or remit proceeds of collections made, the bond
shall indemnify any person damaged thereby, provided that the aggregate liability of the State to all such persons shall not
exceed the sum of this bond.

Signed and sealed as herein set forth.

Witnessed by: _____ Date _____ (L.S.)

Witnessed by: _____ Date _____ Owner/President _____ (L.S.)

Witnessed by: _____ Date _____ Surety _____ (SEAL)

Note: If partnership, all partners must sign.
If corporation, president or secretary signs indicating title of signatory.
If LLC, Member or Manager must sign.

I hereby approve the foregoing bond.

Department of Labor & Economic Growth
Director or Designated Representative

ATTORNEY-IN-FACT: Please enter your address and telephone number below:

ADDRESS _____

TELEPHONE NO. _____

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
Licensing Division
P.O. Box 30018 - Lansing MI 48909
www.michigan.gov/commerciallicensing

CONSENT TO SERVICE OF PROCESS

AUTHORITY: P.A. 299 of 1980, as amended

COMPLETION: Mandatory

PENALTY: Failure to complete may result in denial of your application.

Information provided on this form may be released to the public in accordance with the Freedom of Information Act, 1976 PA 442, as amended.

Name of Applicant		License Profession applying for (builder, real estate, etc.)		
Street Address		City	State	ZIP Code
Type of Application (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Organization (corporation, partnership, etc)		If the applicant is an organization, name the state in which it was organized:		

KNOW ALL PERSONS BY THESE PRESENTS:

For the purpose of complying with the laws of the State of Michigan, the undersigned irrevocably appoints the Director of the Michigan Department of Labor & Economic Growth, or his/her successor in office, to be his/her/its attorney to receive service of any lawful process in any non-criminal suit, action, or proceeding against him/her/it, or his/her/its successor, executor, or administrator, which may arise under the Occupational Code (being Act number 299 of the Public Acts of 1980, as amended) or any rule or order thereunder after the filing hereof. The undersigned does hereby consent that any such action, or proceeding against him/her/it may be commenced in any court of competent jurisdiction and proper venue within the State of Michigan by service of process upon said Director with the same force and validity as if served upon the undersigned by service personally on its president or other chief officer, if a corporation, on on one of the partners, if a partnership, or on one of its members, if a limited liability company, or on the individual, if an individual.

Signed at _____ in the State of _____

this _____ day of _____, 20 ____ . Signed _____
Name of Applicant

By _____
If an Organization

Title _____

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20 ____ .

Signature of Notary Public _____

My commission expires _____ County of _____ State of _____

If a Corporation, execute and attach a resolution authorizing Consent to Service of Process.