

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Commercial Services  
Licensing Division  
PERSONNEL AGENCY BOARD  
P.O. Box 30018, Lansing, MI 48909  
517-241-8720  
www.michigan.gov/personnelagencies

## INSTRUCTIONS FOR OBTAINING A PERSONNEL AGENCY LICENSE

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

**NOTE: An Employment Agency who collects the fee from the employer or who operates as a temporary placement agency does not require licensure under Michigan's statute.**

Complete and sign the application. Answer all questions. Each licensed agency must have a licensed employment/consulting agent. The Department supplies the application forms.

1. A completed application (enclosed). The application must indicate the correct name of the owner(s):
- a. If the business is owned by a Corporation, LLC or LLP:
- Mark the appropriate box and print the **exact** name as it appears on the corporation papers.
  - Submit a copy of the *filed* Articles of Incorporation.
  - If the operation name is not exactly as it appears on the Corporation, LLC or LLP papers, you must **submit** a copy of the CORPORATION CERTIFICATE OF ASSUMED NAME paper.
  - If the corporation is more than two (2) years old, you must provide a Certificate of Good Standing.
  - If you are incorporated in any state other than Michigan, include a copy of the filed ARTICLES OF INCORPORATION and your CERTIFICATE TO CONDUCT BUSINESS IN MICHIGAN. This may be obtained from the Department of Labor & Economic Growth, Corporation Division.
  - If the business will not be located in Michigan, please submit a copy of the CERTIFICATE OF AUTHORITY to do business in this state and an Irrevocable Consent Appointing the Department of Licensing and Regulatory Affairs to receive service to process.
- b. If the business is a PARTNERSHIP, a copy of the CERTIFICATE OF CO-PARTNERSHIP listing names and home addresses of all partners, which shall be signed by all is required. This may be obtained from your local COUNTY CLERK'S OFFICE.
- c. If the business is an INDIVIDUAL PROPRIETORSHIP and its name is in any way different from the name of the applicant, a copy of the CERTIFICATE OF ASSUMED NAME is required. This may be obtained from your local COUNTY CLERK'S OFFICE.

- 2. A license fee of \$350.00.
- 3. A completed bond form (enclosed), together with a copy of the Power-of-Attorney, from the bonding company. The bond is to be issued in the name of the owner (Full Corporate, LLC or LLP name if it's that type of entity, all partners names if a partnership, or the person's name if an individual ownership.)
- 4. When completing the NATURE OF BUSINESS section of the front side of the application, be sure to refer to the licensing law when stating the exact nature of your business. (Article 10 of P.A. 299 of 1980, as amended).

Type A – Assists a client seeking employment or making career decisions, WHO PUTS A CLIENT IN DIRECT CONTACT WITH EMPLOYERS, and who receives a fee FROM THE CLIENT for the services rendered.

Type B – Assists or consults with a client to make basic career decisions and who receives a fee FROM THE CLIENT for the services rendered. This includes: resume preparation, dissemination, and/or service; clearinghouse; personality evaluation testing; letter writing; providing lists of employers; or executive counseling.

- 5. Submit a copy of your contract for Department approval.

These guidelines may not cover the full requirements, but are intended to simplify your procedure in complying with the statute.

When formulating your target date for opening a personnel agency, allow at least 30 days after all required documents have been submitted for processing the application. You must have a licensed agent in order to receive an agency license. Again, be advised that an agency who collects the fee from the employer or who operates as a temporary placement agency does not require licensure under Michigan's statute.

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BOARD USE ONLY	
I.D. Number	
Approved By:	
Bond Number:	
Bonding Company:	

## PERSONNEL AGENCY APPLICATION

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

<b>TOTAL FEE DUE: \$350.00</b>
<b>\$100.00 OF THIS FEE IS NON-REFUNDABLE</b>

### INSTRUCTIONS:

- Carefully read the instructions before completing the application.
- Allow approximately 30 days to receive your license once your application has been received by this

### AGENCY INFORMATION

Name of Personnel Agency			Federal I.D. Number		
Address (Number and Street)				City	
State	Zip Code	Telephone Number (      )		E-Mail Address	
Nature of Business (Refer to enclosed instruction sheet for					
Check Type of License Desired:		Check Type of Ownership:		If a Corporation, LLC or LLP, list the <b>exact</b> business name on filed paperwork.	
<input type="checkbox"/> Type A  <input type="checkbox"/> Type B		<input type="checkbox"/> Individual Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation, LLC or LLP			

### EMPLOYMENT/CONSULTING AGENT INFORMATION

Name of Managing Agent			Date of Birth		Social Security Number		
Address (Number and Street)				City		State	Zip Code
Managing Agent's License Number 61-06-		Telephone Number (      )		E-Mail Address			

FEE PAYMENT INFORMATION (Check Appropriate Box)	FOR OFFICE USE ONLY - VALIDATION
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<input type="checkbox"/> Type A Agency      \$350.00      (61-02-01)	
<input type="checkbox"/> Type B Agency      \$350.00      (61-05-01)	

Make your check or money order in U.S. Currency payable to:  
**STATE OF MICHIGAN**

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

**Names of Applicants (if proprietorship, give individual; if partnership or corporation, include all partners, officers, and stockholders owning 10% or more of the stock. Use additional sheets, if necessary).**

1. Applicant Name:		Date of Birth:	Social Security Number
Address (Number and Street)		City	
State	Zip Code	Telephone Number (      )	E-Mail Address
Business Telephone Number:		Position Held:	% of Stock Held:

2. Applicant Name:		Date of Birth:	Social Security Number
Address (Number and Street)		City	
State	Zip Code	Telephone Number (      )	E-Mail Address
Business Telephone Number:		Position Held:	% of Stock Held:

3. Applicant Name:		Date of Birth:	Social Security Number
Address (Number and Street)		City	
State	Zip Code	Telephone Number (      )	E-Mail Address
Business Telephone Number:		Position Held:	% of Stock Held:

Have you ever been convicted of a felony?  
 Yes - Download the form BCS-LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See [www.michigan.gov/personnelagencies](http://www.michigan.gov/personnelagencies) and select Forms & Publications. The form must be included to avoid delays in processing your application.  No

Have you ever had disciplinary action taken against any license, registration, certificate or permit you now hold or have ever held? (Includes but is not limited to final orders, suspension, revocation, denial, cease and desist order, etc.)  
 Yes - Download the form BCS/LCE-021 "Request for Disciplinary Action Information". The form can be downloaded and completed to accompany this application. See [www.michigan.gov/personnelagencies](http://www.michigan.gov/personnelagencies) and select Forms & Publications. The form must be included to avoid delays in processing your application.  No

**CERTIFICATION**

I hereby certify that the statements on 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 Licensing and Regulatory Affairs and its agents to investigate any statements made by me on this application, including checking criminal, civil and administrative records. I further authorize the Department or its agents to examine my books and records at the Departments discretion.

<p><b>For INDIVIDUAL Applicant</b></p> <p>_____</p> <p>Individual Signature</p>	<p style="font-size: 4em;">}</p>	<p><b>For CORPORATION, LLC, LLP or CO-PARTNERSHIP</b></p> <p>By _____ President or Partner</p> <p>By _____ Treasurer or Partner</p> <p>By _____ Secretary or Partner</p>
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You must complete all requirements for licensure within one year from the date of application or notice of incomplete application. If the requirements are not completed, the fees paid will be forfeited to the Department and the application shall be void pursuant to MCL 339.409(3).

BSC/LPE-030 (04/11)  
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Bond No. \_\_\_\_\_

### BOND FOR PERSONNEL AGENCIES

Effective Date: \_\_\_\_\_

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

KNOW ALL MEN BY THESE PRESENTS, That \_\_\_\_\_  
(Full Corporation, LLC or LLP names; or if partnership, names of all partners, or person's name if Individual Proprietorship)

doing business as \_\_\_\_\_, or  
(Name business will operate as)

\_\_\_\_\_ a Corporation located in the  
State of \_\_\_\_\_ City of \_\_\_\_\_ County of \_\_\_\_\_  
and State of Michigan, as principal.

and \_\_\_\_\_ a surety company duly authorized and existing

under and by virtue of the laws of the state of \_\_\_\_\_, and admitted  
(State of Incorporation)

to transact business in the State of Michigan, as surety, are held and firmly bound unto the People of the State of Michigan in the sum of Ten Thousand (\$10,000.00) Dollars, lawful money of the United State of America, to be paid to the said State of Michigan or its certain attorneys, officers or agents, to which payment well and truly to be made we bind ourselves, our heirs, executors, administrators and successors, and each and every one of them, firmly by these presents.

WHEREAS, the above principal herein, has applied to the Personnel Agency Board of the State of Michigan, for a license to operate in the State of Michigan, pursuant to the provisions of Act 299, Public Acts of 1980.

WHEREAS, the above parties agree that this bond is to remain continuous as long as the personnel agency holds a license to practice. The bond may not lapse or be canceled prior to thirty (30) days after the surety gives the Department of Licensing and Regulatory Affairs actual 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 such that if the above named principal herein, the applicant for such license, shall comply with the terms of each and every contract entered into between the said above named principal and the employee or employer; and if the said above named principal herein, shall well and truly return or cause to be returned to the employer or employee, as the case may be, any and all moneys paid out by such employer or employee, as set forth in the act; and shall faithfully do and perform all acts and things required by said act, and all acts amendatory thereof, to be done and performed by the said applicant. And it is expressly agreed that in the event that such license or any renewal thereof shall at any time be revoked by the said Personnel Agency Board, such revocation shall not affect the coverage provided by this bond as to any acts that occurred prior to the date of such revocation.

Witnessed by:

\_\_\_\_\_  
Date Principal \_\_\_\_\_ (L.S.)

Witnessed by:

\_\_\_\_\_  
Date \_\_\_\_\_ (L.S.)

Witnessed by:

\_\_\_\_\_  
Date Surety \_\_\_\_\_ (SEAL)

Note: If partnership, all partners must sign.  
If corporation, president or secretary sign indicating title of

I hereby approve the foregoing

\_\_\_\_\_  
Department of Licensing and Regulatory Affairs  
Director or Designated Representative

ATTORNEY-IN-FACT: Please enter your address and telephone number below and attach a Certificate of Power of

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_