

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
VEHICLE PROTECTION PRODUCT REGULATION
P.O. Box 30018, Lansing, MI 48909
(517) 373-8376
www.michigan.gov/vehicleprotection

OFFICE USE ONLY
Approved By:
Date Approved:

VEHICLE PROTECTION PRODUCT WARRANTOR APPLICATION

AUTHORITY: P.A. 263 of 2005
COMPLETION: Voluntary
PENALTY: No approval will be issued unless reimbursement insurance submitted

FEE \$250.00 FEE IS NON-REFUNDABLE
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INSTRUCTIONS: Print in black ink or type responses on this form.

Send this application form, reimbursement insurance endorsement form, copies of each warranty to be used in Michigan, and fees to the Vehicle Protection Product Listing Program at the address provided above.

All out-of-state entities must file an Application for Certificate of Authority to Transact Business or Conduct Affairs in Michigan with the Corporations Division, Bureau of Commercial Services, Department of Licensing and Regulatory Affairs. Documentation for filing can be downloaded from www.mi.gov/corporations under Quick Links; see Forms & Publications.

Check Type of Ownership

Individual Partnership/Limited Liability Partnership Corporation/LLC

Warrantor Name		Federal I.D. Number	
Assumed Name or DBA (Doing Business As)		Michigan Corporation I.D. Number	
Address (Number and Street)			
City	State	ZIP	Telephone Number ()

FEE PAYMENT INFORMATION

FOR OFFICE USE ONLY - VALIDATION

1 Year Registration \$250.00 (18-01)

Make your check or money order drawn in U.S. Currency payable to:

STATE OF MICHIGAN

FEE IS NON-REFUNDED UNDER AUTHORITY OF P.A. 263 OF 2005.

Executive Officers (if applicable)	
President (Last, First, Middle)	Telephone Number ()
Complete Mailing Address (Number, Street, City, State and ZIP)	
Vice President (Last, First, Middle)	Telephone Number ()
Complete Mailing Address (Number, Street, City, State and ZIP)	
Secretary (Last, First, Middle)	Telephone Number ()
Complete Mailing Address (Number, Street, City, State and ZIP)	
Administrators (if applicable)	
Name (Last, First, Middle)	Telephone Number ()
Complete Mailing Address (Number, Street, City, State and ZIP)	
Name (Last, First, Middle)	Telephone Number ()
Complete Mailing Address (Number, Street, City, State and ZIP)	
CERTIFICATION	

I certify that the statements in this application are true and complete and that I qualify to do business in this state as a warrantor under Section 9 of Public Act 263 of 2005, the Vehicle Protection Product Act. I understand that any omitted statement, misrepresentation, or fraud may be cause for disciplinary action or may be punishable by law. I authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made in the application, including checking civil, and administrative records.

Sole Proprietorship	{	Signature
Partnership/Limited Liability Partnership	{	President or member
		Secretary or member
Corporation, LLC	{	President or member
		Secretary or member