

Michigan Certified Automotive Recycler (MICAR)

Application Form

Owner/Contact Name(s): _____
Business Name: _____
D.B.A. (If applicable): _____
Street Address: _____
City: _____ State: _____
Mailing Address (if different): _____
Zip Code: _____
Phone: _____ Fax: _____
E-mail: _____

I wish to apply for Michigan Certified Automotive Recycler (MICAR) certification.

I agree to meet the MICAR Standards.

I agree to participate in the MICAR auditing program to verify compliance with the MICAR standards.

I agree to pay the MICAR membership fees as established by ARM.

I agree to comply with the following guidelines:

- Be a member of ARM, and meet the membership requirements.
- Appropriately display applicable MICAR program identity and promotional materials. I agree to surrender same if ARM membership is canceled or terminated.
- Improve my effectiveness as a business person and professional automotive recycler either through business courses and seminars offered by ARM, or by recognized colleges and universities.
- To not knowingly purchase and/or sell automotive parts of questionable origin. A MICAR member should take pride in his industry and business, thereby enhancing quality, customer service and confidence.

I understand that as the automotive recycling industry changes, the requirements to be a MICAR member may also change, I agree to incorporate any such changes in my business. If I fail to do so, my MICAR membership will be subject to termination.

Business Owner Signature: _____ Date: _____

Staff Use Only:

Date Received by ARM: _____

Date Received by MICAR Program Manager: _____

Certification Approved : _____ (MICAR Program Manager)

_____ (Date)