

**INTENT TO RESIDE**

I intend to reside in Michigan for an aggregate of 30 days or more during the calendar year and to operate or permit the operation of my motor vehicle during that time. I understand that I am required to keep security for the payment of no-fault benefits continuously in effect during the time my vehicle is operated in Michigan, after an aggregate of 30 days in any calendar year.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_