



Motor Vehicle Commission

STATE OF NEW JERSEY
Business License Services
(888) 486-3339 ext.5014 toll-free in NJ
(609) 292-6500 ext.5014

Enclosed are the applications necessary for the issuance of a MOTORCYCLE INSPECTION LICENSE. Please ensure that all of the items below are returned for the processing of a license.

A copy of your driver license

Corpcode number

Initial Application

Supplementary Application

Child Support Certification

Sticker Identification card

License fee \$25.00

License Certification Form

Copy of corporate papers (if applicable)

Original Certificate of Insurance in the amounts of \$300,000 bodily injury and \$50,000 property damage. The certificate holder should read:

Motor Vehicle Commission - PIF Section
P.O. Box 170
Trenton, NJ 08666

Color photo of each officer, owner, partner or corporate officer

Fingerprint (See attached instruction letter)

Business hours

Copy of Certificates listed below:

- A. NJ Sales Tax Identification
- B. NJ Unemployment Registration
- C. Federal Employer Identification

If you have any questions, please contact us at the phone number listed above.

APPLICATION FOR LICENSE

FOR OFFICE USE ONLY

License No. _____

Date _____

Reg. No. _____

Email _____

Approved by _____

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

Corp Code _____

 1. _____
 Name of Business (if corporation, corporate name)

Business phone _____

Trade Name _____

2. Please Check

 Corporation Partnership Proprietorship

Street Address _____

 Other _____

City _____ Zip Code _____ County _____

3. Please Check appropriate Box for License:

All applicants please provide the following information and attach copies of proof thereof:

A. NJ Sales Tax Identification Number _____

 Leasing Company

 New & Used Motor Vehicle Dealer

B. NJ Unemployment Registration Number _____

 Driving School

 Auto Body Repair Facility

C. Federal Employer Identification Number _____

 Moped Dealer

 Used Motor Vehicle Dealer

 Junkyard

 Fleet DEIC

 Private Inspection Facility

 DEIC

 Fleet Fleet Inspection Facility

4. Complete the following for proprietor, partners, or corporate officers:

 Other _____

Name

Title

Home Address

Telephone Number

5. Have the owners, partners, or officers ever been arrested, charged or convicted of a criminal or disorderly persons offense in this or any other state?

 Yes if yes, explain:

 No

6. Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any of the above in this or any other state and was subject to license suspension or revocation?

 Yes _____

 No Give name and address of person

7. Have the owners, partners or corporate officers ever held any of the above licenses?

 Yes

 No If yes, please explain the type of license and license numbers _____

BUSINESS LICENSE SERVICES

SUPPLEMENTARY APPLICATION

BUSINESS NAME		BUSINESS PHONE #	
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY			
2. STREET ADDRESS		CITY	STATE
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?			HOME PHONE #
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.			
5. DATE OF BIRTH (MO. DAY, YEAR)		6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)	
7. SEX	8. HEIGHT	9. WEIGHT	10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER		12. DRIVER LICENSE NUMBER (STATE)	
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? YES NO IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.			
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. SIGNATURE: _____ DATE _____			
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY			
2. STREET ADDRESS		CITY	STATE
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?			HOME PHONE #
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.			
5. DATE OF BIRTH (MO. DAY, YEAR)		6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)	
7. SEX	8. HEIGHT	9. WEIGHT	10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER		12. DRIVER LICENSE NUMBER (STATE)	
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? YES NO IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.			
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. SIGNATURE: _____ DATE _____			

CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

Date of Birth

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Misstatements will be just cause to take administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of the license.

1. Do you have a child support obligation? Yes No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months? Yes No
3. Are you subject to a child-support warrant? Yes No

I certify that the foregoing responses made by me are true and I am aware that the making of false statements may subject me to contempt of court.

Signature

Date



Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY
BUSINESS LICENSING SERVICES BUREAU

TO ALL MOTOR VEHICLE PRIVATE INSPECTION FACILITIES

The New Jersey Motor Vehicle Commission has now established a live fingerprint scan process to streamline criminal background checks required as a condition of certification as a licensed Motor Vehicle Private Inspection Facility.

As part of the Business License application process, it is required that all proprietors, partners and corporate officers schedule an appointment with the States fingerprint scan vendor **MorphoTrak** (formerly Sagem Morpho, Inc.).

All you need do is call this toll free number **1-877-503-5981 (English or Spanish Operators) or TTY-1-800-673-0353 (HEARING IMPAIRED Modem Required)** to arrange an appointment to be scanned at an established site. **When scheduling your appointment, you will be asked to provide certain personal information including your driver's license and social security number.** Please make sure you have this information available when scheduling your appointment. In addition, you will be asked to provide the following Motor Vehicles identification numbers:

ORIGINATING AGENCY REFERRAL NUMBER (ORI)	NJ920530Z
AGENCY CASE NUMBER	(Your Driver License Number)
CATEGORY	MVK
DOCUMENT TYPE	RS1
STATUTE	39:8-45 MOTOR VEHICLE INSPECTION STATION LICENSING

Please complete the applicant information form contained on the back of this letter. Though certain information is already filled in, you will need to supply certain personal information in blocks 9 through 26 as well as your driver's license number in block 7 which will be used as your agency case number. Please have this form filled in and present it when you appear for your appointment along with the proper photo identification as noted on the back of this letter.

After supplying this information you will be scheduled for an appointment at one of the electronic scan sites. **When fingerprinted, you will be required to pay a one-time fee in the amount of \$51.00 incorporating all required background checks. Payment must be made by certified check or money order made out to the name of the State contractor: MORPHOTRAK**

If you have any questions concerning this procedure, please contact the following area:

**NEW JERSEY MOTOR VEHICLE COMMISSION
BUSINESS LICENSING SERVICES BUREAU
PRIVATE INSPECTION FACILITY SECTION
(609) 292-6500 ext.5014**

PLEASE BRING THIS LETTER AND PHOTO IDENTIFICATION WITH YOU WHEN YOU APPEAR TO BE FINGERPRINTED



NEW JERSEY MOTOR VEHICLE COMMISSION

CERTIFICATION

This is to certify that I understand the license for which I am making an application may be issued prior to the standard investigation, to include character investigation and facility compliance.

It is, therefore, understood that should any derogatory or disqualifying information be received subsequent to the issuance of the license, I will immediately and voluntarily surrender all items issued.

Signed: _____

Proprietor, Partner or
Corporate Officer

Business Name

Date



New Jersey Motor Vehicle Commission

Office of Regulatory Affairs
Business License Services
P.O. Box 171
Trenton, New Jersey 08666-0171

BUSINESS HOURS

Name of Business _____ License No. _____

Address _____

Days Open for Business

Business Hours

Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

Signature of Proprietor, partner or officer _____

Date _____