



# Motor Vehicle Commission

STATE OF NEW JERSEY

Business License Services  
(609) 292-6500 #5014

In order to process your **Emission Repair Facility (ERF) Registration** please submit the items listed below:

- License Application
- Supplemental Application (owner, partner(s), officer(s) or member(s))
- Child Support Certification (owner, partner(s), officer(s) or member(s))
- \$50.00 Registration Certificate fee (make check payable to NJMVC)
- Emission Repair Technician Form – list all certified technicians
- Copy of each technician's New Jersey Repair Technician Certificate issued by NJ Department of Environmental Protection (NJ DEP)
- Copy of each letter issued to the technician by NJDEP indicating the Emission Repair Technicians (ERT) identification number
- Copy of driver's license for the owner, partner(s), officer(s) or member(s)
- Copy of Incorporation/Formation Papers showing the filing date with the NJ Secretary of State's Office
- Copy of Alternate name Filing (if applicable)
- Business Hours Form
- Copy of your Certificate of Authority for Sales Tax issued by NJ Division of Taxation
- Copy of your Federal EIN Registration Certificate issued by the Federal Government or your last Quarterly 941 form
- A copy of your Unemployment Quarterly Report or a copy of your NJ Unemployment Registration Certificate

I certify that the above items are being submitted for the processing of an Emission Repair Facility Registration Certificate.

My failure to submit the required documents will be cause for the application package being returned.

\_\_\_\_\_  
Applicant Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Date

**APPLICATION FOR REGISTRATION  
EMISSION REPAIR FACILITY**

**FEE: \$50.00**

Corp Code: \_\_\_\_\_

Business Phone \_\_\_\_\_

\_\_\_\_\_  
Name of Business (if corporation, corporate name)

\_\_\_\_\_  
NJ Sales Tax Identification No.

\_\_\_\_\_  
Street Address NJ

\_\_\_\_\_  
Unemployment Registration No.

\_\_\_\_\_  
City State Zip County

\_\_\_\_\_  
Federal Employment Identification No.

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

NAME ADDRESS

TITLE

NAME	ADDRESS	TITLE

**FOR OFFICE USE ONLY**

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

Approved By: \_\_\_\_\_

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

Please indicate the owner, partner(s), corporate officer(s) or possessor who has a controlling interest in the business:

---

---

Has the applicant(s) ever been convicted of a crime? If yes, please explain.

Has the applicant(s) ever been found to be in violation of the Federal Clean Air Act (42 U.S.C. 7401 et. seq.) or the Consumer Fraud Act (N.J.S.A. 56:8-1 et. seq.) or any regulations adopted thereunder or N.J.A.C. 7627-15.7 pertaining to tampering with emission control apparatus?

Has the applicant(s) ever been denied, or had suspended or revoked, a license or registration to engage in any business, profession or occupation licensed or registered under the laws of any State?

Does the applicant(s) have any interest in any other motor vehicle emission facility or any motor vehicle related businesses? If so, please list name and license number.

---

---

---

APPLICANT'S SIGNATURE AND TITLE

---

DATE

# 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

**EMISSION REPAIR  
FACILITY TECHNICIAN**

I, the undersigned, certify that the below listed employee(s) meet the repair Technician Certification requirements.

NAME	SSN	ADDRESS	LIST CERTIFICATIONS

\_\_\_\_\_  
Licensee's Name and Title

\_\_\_\_\_  
Date



# New Jersey Motor Vehicle Commission

Business License Services  
P.O. Box 170  
Trenton, New Jersey 08666-0170

## 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 \_\_\_\_\_