



Motor Vehicle Commission

STATE OF NEW JERSEY
Business License Services
(609) 292-6500 ext.5014

Enclosed are the applications necessary for the issuance of a PRIVATE INSPECTION FACILITY (PIF/PFF) LICENSE. Please ensure that all of the items below are returned for the processing of a license.

A copy of your driver license

Initial Application

Supplementary Application

Child Support Certification

Sticker Identification card

License fee \$270.00 (make check payable to MVC)

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:

MVC-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

Equipment confirmation

Copy of equipment lease/purchase

PIF emission inspector certificate form

Copy of the emission inspector(s) license(s) for your facility

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 #
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1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY

2. STREET ADDRESS	CITY	STATE
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3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?	HOME PHONE #
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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)
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7. SEX	8. HEIGHT	9. WEIGHT	10. COLOR OF EYES
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11. SOCIAL SECURITY NUMBER	12. DRIVER LICENSE NUMBER (STATE)
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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
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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)
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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 State 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

Office of Regulatory Affairs
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 _____



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

MCIWORLD.COM

NEW JERSEY ELECTRONIC TRANSMISSION SERVICE ENROLLMENT FORM

This form must be filled out completely and returned in order for a station to be activated for the NJ Enhanced Emissions program that begins December 10, 1999. This enrollment form must be received by MCIW prior to the initiation of Electronic Transmission (ET) service, and anytime thereafter if there is a change in Station or Billing information. Please type or print legibly. Detailed instructions for filling out this form are included. If you have any questions, call MCI WorldCom toll-free at 1-877-365-2277. **Return the completed form to the address listed below to initiate your ET service:**

MCIWorldCom
Attn: NJ-EMIS
P.O. Box 34280
Phoenix, AZ 85067-4280

SECTION ONE

Check all boxes that apply	New Inspection Station Change in Owner Information Change in Inspector Information	Re-Appointment Change in Billing Information Change of Authority	Change in Station Information Change in Analyzer Information
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SECTION TWO Station Information

(a) Inspection Station Number:

(b) Station Name:

(c) Optional Station Description for Invoice:

(d) Address:	Number and street	City or Town	County	State	Zip Code
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(e) Contact	First	Middle	Last
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(f) Phone:	Area Code	Phone Number	Extension	(g) FAX:	Area Code	Phone Number
	()			()		

SECTION THREE Owner Information

If the Owner Information is the same as Section Two, continue to Section Four. **You** must fill out this Section if the Owner Information is different from Station Information entered in Section Two.

Check only one box Is this Owner responsible for more than one station? **YES** **NO**

(a) Business Name:

(b) Address:	Number and street	City or Town	County	State	Zip Code
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(c) Contact	First	Middle	Last
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(d) Phone:	Area Code	Phone Number	Extension	(e) FAX:	Area Code	Phone Number
	()			()		

SECTION FOUR Billing Information

Check only one box	Send the invoice to:	the Station as specified in Section Two. Continue to Section Five. the Owner as specified in Section Three. Continue to Section Five. Other Billing Location. Fillout this Section.
Check only one box	Is this Bill Payer responsible for more than one station?	YES NO
(a) Business Name:		
(b) Address:	Number and street	City State Zip Code
(c) Contact:	First	Middle Last
(d) Phone:	Area Code Phone Number Extension ()	(e) FAX: Area Code Phone Number ()

SECTION FIVE Emissions Inspector Information

Inspector Name:	License Number:
Inspector Name:	License Number:
Inspector Name:	License Number:
Inspector Name:	License Number:
Inspector Name:	License Number:

SECTION SIX Analyzer Information

Enter Analyzer Unit Number and its telephone number. Each analyzer must have a dedicated telephone number.	
Analyzer Unit Number:	Telephone Number: ()
Analyzer Unit Number:	Telephone Number: ()
Analyzer Unit Number:	Telephone Number: ()
Analyzer Unit Number:	Telephone Number: ()

NEW JERSEY ENROLLMENT FORM INSTRUCTIONS

These instructions are numbered and correspond to each section of the enrollment form. Please read them to ensure your forms are filled out correctly. PLEASE PRINT OR TYPE CLEARLY. INCOMPLETE OR ILLEGIBLE FORMS WILL DELAY PROCESSING OF YOUR APPLICATION COSTING YOUR BUSINESS REVENUE.

SECTION ONE	Check Boxes	Check the box that describes your situation. If you are submitting a form that reflects changes in multiple sections, check all the boxes that apply.
SECTION TWO	STATION INFORMATION	Enter information about the physical location of the station being enrolled
	(a) Inspection Station Number	Enter the State assigned license number.
	(b) Station Name	Enter the name of the station as registered by the State.
	(c) Station Description	If a partnership or corporation is the responsible bill payer, enter the business's internal station identifier, if needed. This will be displayed on the invoice to facilitate the business's internal accounting. For example, "Store 326."
	(d) Address	Enter the complete street address, city, county and state where the station is physically located.
	(e) Contact	Enter the name of a contact that can be reached at the station.
	(f) Phone	Enter the phone number and extension of where the station contact can be reached.
	(g) Fax	Enter the phone number of a facsimile machine that resides at the station.
SECTION THREE	OWNER INFORMATION	Enter information about the station owner if owner information is different from Section Two.
	Check Boxes	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check YES if the Owner indicated in this Section is responsible for multiple stations. <input checked="" type="checkbox"/> Check NO if the Owner indicated in this Section is only responsible for this station.
	(a) Business Name	If a partnership or corporation owns the station, enter the name of the business or corporation.
	(b) Address	Enter the owner's complete street address, city and state.
	(c) Contact	If a partnership or corporation owns the station, enter a business contact. If the station is independently owned, enter the owner's name.
	(d) Phone	Enter the phone number and extension of where the owner contact can be reached.
	(e) Fax	Enter the phone number of the contact's facsimile machine.
SECTION FOUR	BILLING INFORMATION	MCI will mail one invoice to the location specified in this Section.
	Check Box #1	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check STATION if you would like the invoice sent to the contact and address specified in Section Two. If this box is checked, you do not need to fill out Section Four. The information specified in Section Two will become your Billing Information. Continue to Section Five. <input checked="" type="checkbox"/> Check OWNER if you would like the invoice sent to the contact and address specified in Section Three. If this box is checked, you do not need to fill out Section Four. The information specified in Section Three will become your Billing Information. Continue to Section Five. <input checked="" type="checkbox"/> Check OTHER BILLING AGENT if there is an agent other than the Owner or the Station that is the responsible bill payer for charges accrued by the station. You must fill out this Section.
	Check Box #2	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check YES if the Bill Payer indicated in this Section is responsible for multiple stations. <input checked="" type="checkbox"/> Check NO if the Bill Payer indicated in this Section is only responsible for this station.
	(a) Business Name	If a partnership or corporation is the responsible bill payer, enter the name of the partnership or corporation,
	(b) Address	Enter the complete street address, city, and state where the invoice should be mailed.
	(c) Contact	Enter the name of the person responsible for paying the invoice.
	(d) Phone	Enter the phone number and extension of where the billing contact can be reached.
	(e) Fax	Enter the phone number of a facsimile machine that resides at the billing address.
SECTION FIVE	EMISSIONS INSPECTOR INFORMATION	Enter the name and license number as found on the license issued by the state for ALL Emissions Inspectors employed at the station. Attach additional sheet if necessary.
SECTION SIX	ANALYZER INFORMATION	Enter the Analyzer Unit Number and dedicated telephone number for each Analyzer located at the station. Attach additional sheet if necessary.
SECTION SEVEN	TERMS AND CONDITIONS AGREEMENT	The person who makes business decisions for the station must fill out and sign this section. The person who signs in this Section is legally responsible for ET charges incurred by this Station, even if an alternate Billing Agent has been indicated in Sections Two, Three or Four.
	(a) Authorized Signature	The person who makes business decisions for the station must sign here.
	(b) Date	Enter the date of the signature of the authorized person who signed in 7a.
	(c) Printed Name	Clearly print the name of the authorized person who signed in 7a.
	(d) Title	Print the title of the authorized person who signed in 7a.
	(e) Phone	Enter the phone number and extension of the person who signed in 7a.